



Health Services and Facilities Master Plan

FINAL 1/12/06



ACOMA
• **CANONCITO**
• **LAGUNA**
Service Unit

New Mexico



CL Associates, Inc.
Santa Fe, NM

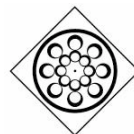


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New Mexico



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Introduction

In the FY 2000 Appropriation Bill for the Public Health Service, the United States Congress directed Indian Health Service (IHS) to determine the level of services and the types of facilities needed to supply these services through the year 2015. The IHS' Office of Environmental Health and Engineering (OEHE) was assigned responsibility for overseeing the process. In February 2003, Dr. Charles Grim, Assistant Surgeon General of the Department of Health and Human Services, instructed all Area IHS offices to develop a Health Services and Facilities Master Plan (HSFMP) to meet the Congressional directive.

The Albuquerque Area IHS assessed its resources and initiated its planning process by October 2003. The Albuquerque Area HSFMP has been developed over 18 months by integrating statistical analysis and site visits with participation from tribes, Service Unit health boards, IHS administration, and medical staff. It is the product of research, community outreach, statistics, analysis, discussion, and document review. Its purpose is to guide the development of health care services and facilities through the year 2015.

Planning for the Acoma-Canoncito-Laguna Service Unit (ACLSU) HSFMP occurred throughout 2004 and early 2005. All of ACLSU's data will ultimately be blended with the HSFMPs of the eight other Albuquerque Area Service Units, and result in the Albuquerque Area Health Services and Facilities Master Plan.

Appendix A provides a glossary of acronyms and terms used throughout this report. Other documents, most notably the U.S. Commission on Civil Rights report "Broken Promises: Evaluating the Native American Health Care System," and historical information about legislation concerning health care for Indian were reviewed as background information for this report, and they are summarized in Appendix B. Other documents reviewed include "The IHS Strategic Plan: Improving the Health of American Indian and Alaska Native People Through Collaboration and Innovation", January 2003; "Transitions 2002: A Five Year Initiative to Restructure Indian Health", October 2002; "A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country" July, 2003, U.S. Commission on Civil Rights; and "A Comprehensive Mental Health Care System for Native Americans in new Mexico", November 1993, University of New Mexico Department of Psychiatry.



Plan Summary

The Acoma-Canoncito-Laguna Service Unit HSFMP:

- Provides an overview of the IHS existing hospital and clinical buildings in the Acoma-Canoncito-Laguna Service Unit.
- Identifies the services currently provided within those facilities, based on staff input and statistical research;
- Identifies the need, based on user population and projected population, for expanded services and facilities by the year 2015;
- Estimates the amount of investment required to meet these needs;
- Reports significant findings; and
- Proposes strategies to meet the needs identified.

Executive Summary

Acoma-Canoncito-Laguna Service Unit (ACLSU) consists of the Acoma-Canoncito-Laguna Indian Hospital (ACLIH) and ambulatory clinic located on the Acoma Pueblo, one small dental clinic at Laguna Pueblo, and one small health center in Canoncito (To'hajiilee). The hospital provides general medical, pediatric, and obstetric inpatient care with 25 licensed beds. Fourteen of the 25 beds are actually 'staffed'. ACL also houses a Dialysis Unit operated under contract between the Acoma Pueblo and the dialysis provider, and the New Sunrise Regional Treatment Center, a residential program for adolescents.

The existing Hospital was built in 1978 and originally designed as in-patient facility with an ambulatory clinic to accommodate regular medical patient visits, laboratory, pharmacy, dental, and mental health. The facility has long outgrown its capacity as an outpatient clinic and has been forced to make major renovations to accommodate the increased burden in ambulatory care. The health station at To'hajiilee was built in 1984 and it is being completely replaced by a facility now under construction and financed by the Navajo Nation.

The annual IHS budget has increased only approximately three percent per year for facilities and services –much of which must be used for federally mandated "Cost of Living Adjustments" for staff salaries. The impact of this minimal increase on the IHS' ability to provide quality health care services cannot be understated. It has also resulted in under-funding of facilities, equipment, and other capital investment necessary to provide adequate health care services.

While an admirable approach, the "do more with less" medical practice can mean that true health care needs are never fully addressed, preventive care is neglected, and longer term, more serious chronic conditions result. An example



is the 2004 Area-wide decision to restrict medical coverage to Priority One levels of care. The long-term outcomes of these reductions point to an increased – not decreased—health care burden on providers and facilities by the year 2015.

In 2004 the federal appropriation for ACLSU based on tribal shares and Resident Active User Population was \$7,303,869 for staffing of the Indian Hospital inpatient and outpatient medical facilities, equipment, and facility management. Another \$3,749,644 was provided for Contract Health Services, supplemented by approximately \$5,983,670 from third party reimbursements including Medicare and Medicaid.

Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019. Over the next 10 years Medicare and Medicaid funding requirements will become increasingly difficult, and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of “pay for performance” will be instituted so that payment will be based on performance indicators rather than outcomes. With almost 33 percent of its revenue dependent on Medicare and Medicaid funding, the ACLSU will need to make difficult changes to accommodate its future existence.

The recurring budget ‘flat line’ and threat of reduced third party payments comes as the ACLIH and the Canoncito Health State are experiencing strong growth in outpatient visits.

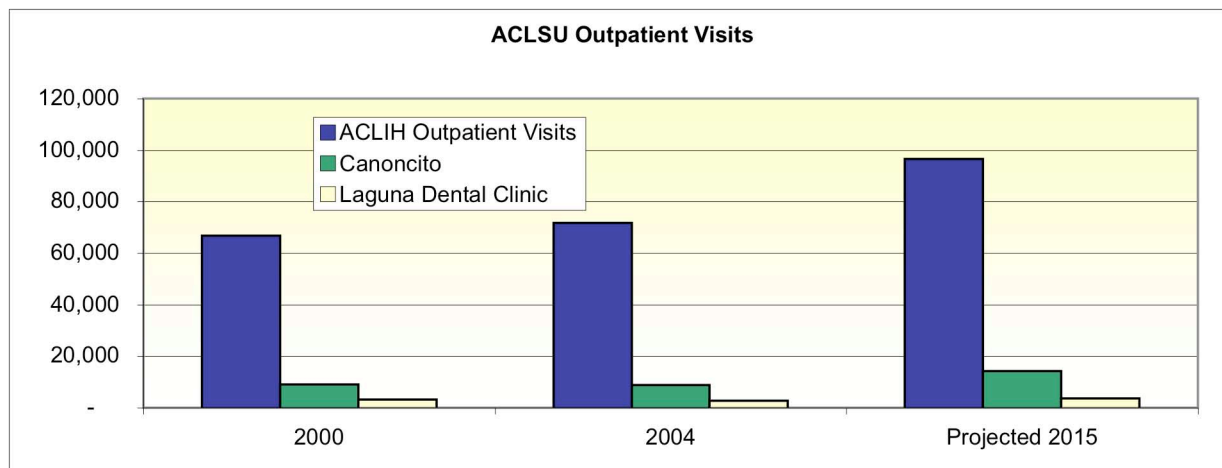
In 2004 the ACLIH recorded a total of 71,658 outpatient visits, up 7 percent from 2000 when the ACLIH recorded 66,675 outpatient visits. Outpatient services peaked in 2002 however, with ACLIH recording 89,726 visits. Canoncito Health State experienced a small decline during this same time period – from 9,035 outpatient visits in 2000 to 8,988 in 2004. Laguna’s dental clinic also experienced an 11 percent drop in patient visits from 3,176 in 2000 to 2,630 visits in 2004.

The IHS’ Health Systems Planning Software (HSP) projects that by the year 2015 ACLSU’s Active User Population is expected to be at least 13,125. Based on historical use patterns the ACLIH could expect to see a growth rate of about 26 percent and at least 96,652 out- patient visits in the year 2015, while Canoncito Health Station, which is tripling its existing square footage, could expect at least 14,141 patient visits by 2015.

The chart below makes an adjustment for existing limitations from square footage and staffing shortages at Canoncito and Laguna’s dental clinic.



ACLSU Outpatient Visits Projected to 2015



As the number of Active User patients has grown the number of inpatient admissions has fallen. Since experiencing a “peak” of inpatient services in 2000 ACLIH has seen a reduction in admissions/discharges, as well as services provided and the number of providers. The average daily count fell from only 8.7 patients in 1997 to 7.8 in 2000 and only 3.6 in 2004 –low by any hospital industry standard for a viable in-patient facility.

Since 1997 ACLIH has staffed 14 or 15 of the licensed 25 beds. Overall occupancy rates based on 15 beds fell from 57 percent or 3,145 patient days per year in 1997, to 52 percent occupancy and 2846 patient days / year in 2000, to a low of 24 percent or 1,329 days/year in 2004. By all health planning standards, this is an economically challenged in-patient enterprise.

In October, 2005 ACLIH converted to a Swing Bed Hospital, with four beds designated as long term therapy and 14 beds for other inpatient services.

HSP uses formulas based on Total Primary Care Provider Visits (PCPVs). PCPVs to include physician visits for diagnosis typically seen by Family Practice, Internal Medicine, Pediatric, Obstetric/Gynecology, Tribal Physicians and Mid-Level Practitioners that support these specialties. The consultants used Outpatient visits to more accurately reflect provider workload based on need out of concern that PCPV use would not reflect true need when contract health providers and specialists are commonly used.

In 2004 approximately 16 percent of patients in the ACLSU were “Other” – not enrolled in Acoma or Laguna Pueblos or the Canoncito Band of Navajo Indians and therefore services were provided without reimbursement by IHS. Of this



amount 916 patients were “non-Indian”. The ACLIH has an exceptionally high number of non-Indians using its facility because of customers at the nearby Acoma Pueblo’s “Sky City” casino and hotel, as well as a Memorandum of Agreement with the New Mexico Department of Transportation to provide emergency triage care to accident victims in relative proximity along Interstate 40. Although some of these patients may be eligible for Medicare and/or Medicaid insurance, many are not.

Although the average age of the ACLSU Active User population is 30.6 years, 48 percent of patient visits at ACLSU come from patients who are over 45 years of age and patient visits from the 65+ age group alone increased 36 percent from 1999 - 2004. As the ‘bubble’ population in the 15-44 range ages, ACLSU services and facilities will obviously need to change to accommodate more prevention and prepare for diseases known to affect this aging population.

Despite limited – and decreasing – funding, ACLSU has demonstrated the ability to provide basic health care to the 12,657 total Active Users within its boundaries. This has been achieved in spite of lower per capita expenditures for health care, estimated by the IHS to be less than 60% of national levels, and lower availability of health care services (25 percent annual availability of dental services versus 60% for U.S. population overall). Complicating these factors are the limited number of providers – almost 50 percent less per capita than the U.S. population overall.

In 2005 the Canoncito Band of Navajo began construction on a new clinic scheduled to open in July, 2006, expanding its existing 3500 square feet of ambulatory medical space by 300%, to approximately 13,000 square feet. This expansion can be expected to result in an increased patient load as local residents may choose to use the newer facility rather than driving to Acoma Pueblo, and subsequently reducing the outpatient load on ACLIH.

Documentation prepared for this Plan indicates that by the year 2015, with a projected Active User population of 13,125 inpatient, and 10,718 outpatient, the ACLIH will need an ambulatory facility of at least 99,449 square feet. Preliminary projections indicate that by 2015 and assuming a 25 minute patient visit per examination room, at least 11 will be needed; with a 45 minute examination at many as 20 rooms might be needed (Appendix L). Should the inpatient service continue, an estimate 7,223 square feet will be needed. A projected User Population of 2,407 means that the Canoncito Health Center will need an ambulatory facility of at least 26,802 square feet.



In summary, by 2015 ACLSU SU will be forced to provide patient services to an increasing – and aging – population, with even fewer resources. The annual IHS budget has increased only approximately 3 percent per year for facilities and services –much of which must be used for federally mandated “Cost of Living Adjustments” for staff salaries. The impact of this minimal increase on the IHS’ ability to provide quality health care services cannot be understated. It has also resulted in under-funding of facilities, equipment, and other capital investment necessary to provide adequate health care services.

While an admirable approach, the “do more with less” medical practice can mean that true health care needs are never fully addressed, preventive care is neglected, and longer term, more serious chronic conditions result. An example is the 2004 Area-wide decision to restrict medical coverage to Priority One levels of care. The long-term outcomes of these reductions point to an increased – not decreased—health care burden on providers and facilities by the year 2015.



Planning Process

The Acoma-Canoncito-Laguna Service Unit is composed of three tribes (Pueblo of Acoma, Canoncito Band (To'hajiilee) of Navajo Nation, and Laguna Pueblo), spread over approximately ** square miles. While Canoncito has only a small health station and Laguna has only a dental clinic, ACLIH is widely used by all tribes as a health clinic providing regular ambulatory medical, dental and mental health services.

From February to December 2004, the ACLSU Health Board, including tribal council members, IHS employees, and members of tribal health programs staff met to provide input to the HSFMP regarding the level of services desired by the year 2015, medical service priorities, and a core list of ACLSU Strengths, Weaknesses, Opportunities, and Threats (Appendix C). These documents help to form the basis for the HSFMP design and prioritization. A list of contacts and attendees from meetings are provided in Appendix D.

Tribal leaders were consulted regarding improvement to health care services and expansion of facilities in the process of researching and writing this HSFMP. As a part of the substantial outreach to tribal leaders each has been provided information regarding the major health issues of their specific tribe, significant data to assist each tribe as it plans its health care delivery system, community health education/outreach programs, and other services under the Indian Self-Determination Act.

Service Unit administrative staff and tribal representatives reviewed and discussed use of the health facilities, including:

- the number of patient visits by categories of disease classification with historical perspective (Fiscal Years 1997 – 2004);
- provider workload based on these patient visits;
- pharmacy, laboratory, x-ray, dental, and medical visits;
- list of services currently provided by IHS and services that should be provided by 2015, based on tribal need;
- current and needed services in terms of “quality of care” and appropriate distance to obtain the service;
- services ranked in order of priority to assist tribal leaders and IHS administration to better understand critical needs; and
- Strengths, Weaknesses, Opportunities, Threats (SWOT presented in Appendix C).



Additionally interviews with key staff provided information regarding facility operating hours, current staffing levels and projected staffing needs for 2015, productivity and efficiency, and recommendations for improvements in provision of health services, administrative functions, equipment, and the physical facility. Questionnaire responses are included in matrix format in Appendix E.

Administration and medical staff were consulted regarding the disparity of statistics between two systems used by IHS for data reporting: the Resource and Patient Management System (RPMS) and the IHPES/ORYX databanks. In some cases, staff doubted the statistics from both data reporting systems because they seemed too low and unrepresentative of actual patient use. The consultants determined that the IHPES/ORYX reports were more reliable, had less duplication of data and had more “clean” data across all service units in the Albuquerque Area. The IHPES/ORYX database was therefore chosen as the source for analysis. A few exceptions are noted, and RPMS was included in the HSFMP to elaborate on specific issues.

Medical diagnostic statistics for the IHS user population of Pueblos of Acoma and Laguna, and the Canoncito (To'hajiilee) Band of the Navajo Nation were provided to health board members and tribal leaders. This included for example, the number of living patients diagnosed with Diabetes Mellitus Type 2 and its complications as of July 1, 2004. Data were pulled from the IHS-RPMS database using specific search criteria within the Q-Man data system for International Codes of Diagnostics (ICD-9) of Diabetes Mellitus Type 2. Other data provided includes patient diagnoses of asthma, hypertension, cancer, heart disease, and high cholesterol.

This information was presented to help tribal leaders and medical staff analyze the level of need based on diagnosis, patient volume, and provider workload and to determine adequate care for current and future needs. Included in the HSFMP is a description of existing facilities and their adequacy to meet current and future service demands. The HSFMP developed as a result of this process will assist the ACLSU and the Albuquerque Area IHS to determine primary care and specialty care needs as well as the facilities required to ‘house’ these services.



Findings: Health Services

The following findings and recommendations are the result of an 18-month planning process that included site visits, interviews with staff, and consultation with Health Board members and tribal leaders.

The number of Active patients registered at ACLSU rose by 26 percent -- from 21,027 in 1997 to 28,448 patients in 2004. ACLSU averages approximately 90 deaths and more than 1,000 new patients registered each year. No patient is ever 'removed' from the Registered Patient Index and as a result this number will only continue to expand through the years. Registered users can also reflect one-time use of the facility by a patient from another region of the country traveling through any of the ACL reservations and stopping for medical services.

IHS Funding formulas and planning tools however, rely on the Active User Population which is substantially less. An Active User is defined as a patient who has interacted with any IHS facility across the United States at least once in the past three years. This means for example, that a Laguna Indian who receives medical care in Oklahoma will be counted as an Active User but his count will be 'credited' back to the Acoma-Canoncito-Laguna Service Unit. It also means that a non-ACL Indian who receives care at the ACL Hospital will be counted as an ACLSU Active User, but funds will be credited back to his own tribe's Service Unit.

ACLSU Active User Population

	FY 97	FY 04	# Change	2015 Projected (1)	% Change 04-15
Active User Population	11,117	11,166	49	13,125	18%
Acoma	3244	3145	-99	3711	18%
Canoncito	1938	1990	52	2407	18%
Laguna	4375	4359	16	5144	18%
Other	1560	1829	269	1829	18%

(1) Projected population is based on the percentage of change in the 1990 – 2000 U.S. Census population of the county where the reservation is located. **

Although licensed as a rural hospital the ACL Hospital (ACLIH) is primarily used as an ambulatory health clinic. In 2004, the ACLIH recorded a total of 83,265 outpatient visits, up by only 6% from 1999 when the ACLIH recorded 78,244 outpatient visits. Historical data obtained from 1999 to 2004 and provided later in this document provides a snapshot of disease and use burden on the facilities of the ACLSU. The chart below shows the growth in the number of Outpatient visits from FY 2000 – 2004, while the next chart shows Inpatient statistics from FY 2000 – 2004.

ACLSU Outpatient Visits

	FY 00	FY 04	# Change	% Change
ACL Hospital	66,791	71,658	4,867	7%
Canoncito Health Station	8,495	8,988	493	6%
Laguna Dental Clinic	2,957	2,630	(327)	-11%
Total	78,243	83,276	5033	6%

As the number of registered and Active User patients grows, the number of inpatient discharges fell by 34 percent from 490 in 1997 to 324 in 2004 while inpatient days at ACLIH dropped by 58 percent over the same time period, to only 1329 in 2004.

ACL Hospital Inpatient Summary (1997-2004)

DATA	Year								% Change
	1997	1998	1999	2000	2001	2002	2003	2004	1997-2004
Beds	15	15	15	15	15	15	15	15	0%
Discharges	490	464	513	510	460	542	483	324	-34%
Days	3,145	2,548	2,729	2,846	2,732	2,856	2,890	1,329	-58%
Occupancy	57%	47%	50%	52%	50%	52%	53%	24%	-58%
ADC	8.6	7.0	7.5	7.8	7.5	7.8	7.9	3.6	-58%
ALOS	6.4	5.5	5.3	5.6	5.9	5.3	6.0	4.1	-36%
Newborn Days	0	0	0	0	0	0	0	0	
Births	0	0	0	0	0	0	0	0	

Data source: IHS/IHPES.

ACLSU has experienced significant financial debt over the past few years as expenses for staff and CHS exceeded income. Congressional budget increases averaging 3% **per year** cover mandated Cost of Living Adjustments (COLA), but insufficient to replace equipment, hire new staff, or replace staff who have left. In fact, every Service Unit throughout the Albuquerque Area (and nationwide) depends on third party reimbursements to cover program, staffing, and equipment costs.

ACL Service Unit Recurring Base Funding

	FY 1997	FY 2004	%
PROGRAM	RECUURING	RECUURING	Change 97 – 04
HOSPITALS & CLINICS	\$4,430,218	\$5,528,465	25%
DENTAL	\$612,421	\$979,255	60%
MENTAL HEALTH	\$272,950	\$329,609	21%
SUBSTANCE ABUSE	\$52,591	\$58,741	12%
PUBLIC HEALTH NURSE	\$280,711	\$339,408	21%
HEALTH EDUCATION	\$64,212	\$68,391	7%
CONTRACT HEALTH SERV	\$3,075,499	\$3,749,644	22%
TOTAL	\$8,788,602	\$11,053,513	26%

Source: AAIHS Recurring Base Funding Statistics

In 2004, the federal appropriation for ACLSU based on tribal shares and Resident Active User Population was \$7,303,869 for staffing of the medical facilities, equipment, and facility management. Another \$3.7 million was provided for CHS, while the tribe received \$** for its ISDA/638 mental health programs. It was supplemented by approximately \$6 million from third party reimbursements. Almost ** percent of the 2004 ACLSU operating budget was funded from third party reimbursements. The chart below shows the increasing reliance of the ACLSU on Medicaid and Medicare reimbursements.



ACL Budget

ACL BUDGET

	FY 1997	FY 2003	FY 2004	Number Change	% Change 1997 - 2004
REVENUES					
Total Federal Appropriation (1)	\$8,788,602	\$11,053,513	\$11,053,513	\$2,264,911	26%
3rd Party Collections	\$4,548,460	\$5,646,049	\$5,983,670	\$1,435,210	32%
Subtotal Revenues	\$13,337,062	\$16,699,562	\$17,037,183	\$3,700,121	28%
EXPENSES					
Hospitalizations (2)	\$1,177,756	\$1,309,537	\$1,290,383	\$112,627	10%
Dental (2)	\$66,768	\$0	\$0	(\$66,768)	-100%
Non-Hospital Service Administration / Providers (2)	\$1,934,665	\$2,271,036	\$2,066,540	\$131,875	7%
Total CHS Expenditures (2)	\$3,179,189	\$3,580,573	\$3,356,923	\$177,734	6%
POPULATION SERVED					
ACTIVE USER POPULATION	11,117	11,166	11,385	268	2%
OUTPATIENT VISITS (3)	74,711	87,824	83,276	8,565	11%
INPATIENT Admissions	491	500	324	-167	-34%

(1) IHS Recurring Budget without CHS

(2) IHS Albuquerque Area Operational Summaries directly from RPMS

(3) All data from IHPS/ORIX with exception of 1997 Outpatient Visits

In any analysis it must be noted that across the Albuquerque Area IHS depends upon third party reimbursements from Medicare, Medicaid, and private insurance for a significant percentage of its program and medical service support.

Since patients have the right to receive medical services at any facility that accepts their insurance, it is imperative that ACLSU begins to improve and market its services to attract new and retain existing patients. Threatened Medicare budget cuts may result in reduction of services for tribal members using outside medical care and encourage their return to IHS for health care. The same Medicare cuts would be felt by IHS, however, and it would be forced to provide additional services to tribal members with declining Medicare revenues.

Due to low funding levels the IHS ranks payments for patient care to Priority One medical conditions and thereby inhibits most preventive care and limits access to specialists. See the the Prioritization schedule provided in the Health Priorities section of this Plan. If a patient has Medicare A & B however, their referrals will be paid by the 3rd party insurance.



Continued use of ACL Indian Hospital as an inpatient hospital is a high priority issue before the tribes. Tribal leadership and the ACL Health Board feel continuation of in-patient services is critical to provide appropriate culturally-sensitive care to tribal members who are uncomfortable with care in less sensitive local public and private sector hospitals. Tribal leaders view the provision of hospital services at ACL Hospital as part of the federal trust responsibility to provide health care services for Indian people.

At the same time IHS has been considering a change in the hospital designation to a Critical Access Hospital (CAH). To be eligible as a CAH the facility must be located in a rural area more than a 35 mile drive from another hospital; must offer round-the-clock emergency care services, provide not more than 25 acute and/or swing beds. Most importantly for tribal members however, is that the hospital must maintain an average length of stay of no more than 96 hours. This last provision would mean that long term care for elderly or critically ill patients would be in jeopardy. Yet the hospital has always maintained a longer length of stay for patients in order to provide easier access to family members from the three Service Unit tribes.

The ACLIH facility experienced only 24 percent occupancy and slightly more than 3.6 in-patients as an average daily count in 2004. Although these numbers are low, to eliminate in-patient hospital care could jeopardize Medicare reimbursements for all services at the ACL facilities, which are currently based on their designation as hospital-based clinical services. Should ACL Indian Hospital cease in-patient services, these clinics could lose up to 85% of their Medicare reimbursements.

A critical finding of this HSFMP is that medical recordkeeping throughout the Area-wide RPMS lacks standardization. Consultants found conflicting or inaccurate statistical reports on patient visits, provider workload, and facility use throughout the entire Albuquerque Area. Some statistical inaccuracies were due to poor data entry or recordkeeping by providers; other inaccuracies may have been due to poor data entry because of unreadable codes in charts.

Chart reviews conducted by IHS area staff indicated that approximately 25% of data entry may be suspect. Since the IHPES data are used to provide reports for providers and patients, this statistical omission indicates a problem exists.



Reporting of poor or inadequate statistics can create funding formula problems and lead to inadequate medical service delivery within Acoma-Canoncito-Laguna Service Unit. Poor statistics affect formulas used for program funding and staff positions; they also affect health care delivery when used for planning and implementation of health services. Discovery of these statistical problems early in the HSFMP process encouraged Albuquerque Area IHS to develop standardized coding protocols and staff training curriculum to improve data entry. This training was implemented in late 2004, and results should be noticeable by late 2005.

Complicating the issue of coding and statistics is the IHS practice to convert specific ICD-9 codes into more general disease codes in the RPMS system. For example, an IHS medical records clerk will enter any of the ten ICD-9 codes used to describe varying conditions for Diabetes Mellitis Type II as the one diagnostic code (080)—also known as “APC”—which defines Diabetes Mellitis.

Moreover, the IHS/APC codes are so generalized that they can mask the extent of and complications associated with a disease category. For example, no IHS code exists for “Asthma” even though a search using the ICD-9 codes in the Q-Man data of the RPMS system shows that as of July 1, 2004 5,088 ACL Service Unit tribal members and 1,006 “others” who utilize the ACL Service Unit facilities were diagnosed with Asthma. Instead, the IHS codes refer to conditions such as “upper respiratory infection”, or “acute bronchitis” or “chronic bronchitis” or “respiratory disorder”.

Comparison between the IHS/APC and ICD-9 systems is difficult and virtually impossible without a “key” to decipher the codes. The use of IHS/APC coding is confusing, duplicative, and unnecessary.

The Albuquerque Area Diabetes “Datamart” Project conducted random chart reviews of approximately 35% of the Albuquerque Area known patients with diabetes. It found that the datasets from RPMS contain one record per encounter, per client. Clients can have multiple encounters on a single date. Clients are identified at the encounter by two fields: ASUFAC (area/service unit/facility code) and HRN (Health Record Number). Problems were noted because a single client may not have the same values for these fields on all records. The ASUFAC can change because the client was seen at different facilities or because the codes for ASUFACs are changed in the IHS system. HRNs may change because they are assigned at the facility or service unit level. Social Security Numbers (SSNs) recorded on these records can help identify patients but some records do not have SSNs, and others contain data entry errors that result in incorrect SSNs for patients.



Further complicating the consistency of data for statistical purposes is the data recorded by tribal Indian Self Determination Act (ISDA) contract and compact programs such as Substance Abuse, Diabetes, and Community Health Representatives. The problem is pronounced when this data is not shared with IHS nor entered to the RPMS system. It is virtually impossible to tally the number of patients seen at ACLSU who are diagnosed with substance abuse, since substance abuse patients usually interact with the medical system only when prompted by another condition, which then takes precedence as a Primary Diagnosis and is recorded by diagnostic code.

Both data collection systems, RPMS and IHPES/ORYX are flawed due to inconsistent data entry; however, it was decided through the HSFMP planning process that the IHPES/ORYX data was more reliable and should be used as the basis for facility planning. It is used throughout all Area Plans except where noted otherwise.

For example Operational Summaries generated by the RPMS system showed that ACL Indian Hospital reported 402 discharges in FY 2004 with a total of 1,759 inpatient days. For the same time period the IHPES system reported 324 discharges and a total of 1,329 inpatient days. The consultants could identify no reasons for the data discrepancy.

Unfortunately the IHS data – whether it is RPMS or the IHPES databank -- is all that is available for planning purposes.

Wherever possible data analysis throughout this HSFMP is adjusted for conditions that may have affected patient volume, such as long-term loss of a medical provider.



Other significant findings: Health Services

1. Recordkeeping.

The quality and consistency of recordkeeping and data entry may vary by service provider, resulting in inaccurate statistics. In fact, inconsistent use of provider codes resulted in large variations in provider data by facility, with consultants finding that no consistent use or definition of “Family Practice”, “General Medicine” and other Medical Doctor titles existed between Service Units.

- a. Statistical reliability varied by department within ACLSU and showed even greater variability between the nine service units of the Albuquerque Area.
- b. Poor recordkeeping by health care providers or medical records documentation negatively influences statistics and funding.
- c. Most departments keep a log of patient visits. Mental Health staff use the Microsoft Outlook calendar to keep track of appointments, and found that the RPMS system underestimated patient workload on average by 35%. A comparison of data over four months shows that RPMS reported 318 patient visits, when the provider actually logged 485 patient visits.
- d. Poor recordkeeping may inaccurately indicate a reduction in service need.
- e. A reduction in the number of patient visits for a particular health service may be the result of service interruption due to staff shortage or budget restraints; it could also be the result of poor data entry. It may not reflect the actual need.
- f. Lack of patient data/communication between ACLSU and tribal programs, most importantly the Diabetes Programs and Community Health Representatives (CHRs) is compounded by staff interpretation Health Insurance Portability & Accountability Act of 1996 (HIPAA) rules. The issue is further compounded when a patient receives services at another hospital or medical clinic and then returns to an ACLSU facility for follow-up care. This lack of case management results in inconsistent data that do not record laboratory, pharmacy or care provided to a patient moving from one facility to another. This places patients and providers at risk of inaccurate information and poor medical care.

2. Migration of Urban Indians.

IHS does not have a mechanism for reimbursing cost of care for “Urban” Indian patients who receive care at a facility that is not located in their home service unit. In 2004, the ACLSU RPMS system showed that approximately 16% of patients in the ACLSU were “Other” users, including 916 Non-Indians. The hospital maintains an agreement with the New Mexico Department of Transportation to receive patients from accidents along Interstate 40, which runs through all three of the Service Unit tribes. In addition the Acoma Sky City Casino is within 2 miles of the hospital and customers at the casino and hotel use the hospital for emergency services. Although some of these patients may be eligible for Medicare and/or Medicaid insurance, many are not.



2. Limited ambulatory clinic hours

Ambulatory medical services are provided at the ACL Hospital during a standard 8 a.m. – 4:30 p.m., Monday through Friday shift. Evening care is provided until 6 p.m. for walk-in patients, and evening clinics for scheduled appointments are provided on Thursday evening until 6 p.m. Ambulatory medical care is provided after 4:30 pm and weekends through the Emergency Room.

3. “No-Show” appointments.

The ambulatory medical clinic at ACL Indian Hospital experiences a 17-45 (average 35) percent ‘no-show’ rate for scheduled appointments. Physical therapy and dental services report a 25 and 28 percent no-show rate, while dental services at Canoncito Health State have reported a 40 percent no-show rate. Mental health providers report an average no-show rate of 30 percent while substance abuse appointments are much higher because people are referred from the Emergency Room or Urgent Care, many times without request. Schedulers often ‘depend’ on this high rate and will double or triple book appointments, affecting provider productivity, room / space utilization, waiting times and patient services if the original appointment shows up. At the same time the number of ‘walk-in’ patients is on the rise, probably because people understand that they can more quickly access medical care by showing up at the clinic than waiting for an appointment. It has also been suggested that a high turnover of medical staff contributes to lack of trust, and therefore higher ‘no show’ rates.

4. Long Wait Times

Poor patient flow through an awkward floorplan (originally designed to function primarily as a hospital), not enough examination rooms, scattered offices for providers, and reduction in some staff (dental, medical doctors) means that patients’ wait time for treatment can be 1-2 hours. Patients will receive triage attention within 10 minutes of arrival, but must wait up to 30 minutes in a crowded waiting room for laboratory tests, and / or xrays, followed by a 30-60 wait for an examination room to open and then 15-30 minute wait for pharmacy to get the chart and fill the prescription.

5. No direct hospital admitting abilities

Patients referred for psychiatric in-patient services at area hospitals must be re-evaluated and sometimes not admitted and told to return home. Inpatient psychiatric care is very expensive, and this must be paid for out of CHS funds. ACLIH also does not have general admitting privileges at Albuquerque or Gallup hospitals.

6. Reduction of In-Patient Care.

Since 1997 the number of inpatients have hovered between a low of 324 (2004) and a high of 542 (2002) with an average of 473. The average daily count (ADC) fell from 8.6 patients in 1997 to 3.6 in 2004 – extremely low by any hospital industry standard for a viable in-patient facility. The average length of stay (ALOS) for an in-patient dropped



from 6.4 days to 4.1 days – slightly higher than industry standards that are responding to limited insurance coverage for longer in-patient care.

Overall occupancy rates fell from 57% or 3,145 patient days/year in 1997, to only 24% or 1,329 days/year in 2004. Inpatient data for ACL HOSPITAL is included on page 38.

It should be noted that although the ACL Hospital is accredited for 25 beds, only 14 beds were considered fully 'staffed' in 2004. As a result the occupancy statistics used in this HSFMP relate to use of 14 beds. If this were increased to 25 beds the numbers would show even lower occupancy rates. The ACLSU administration has also expressed the need to maintain at least these many staffed beds to accommodate need for infectious diseases especially during the flu seasons.

Unfortunately the expense of maintaining an underused inpatient hospital represents a drain on financial resources that could be redirected to specialized outpatient, preventive, or follow-up care.

7. Contract Health Services

A review of CHS expenditures indicates that the ACLSU Contract Health Service expenditures grew by only 5% between 1997 and 2003. While in-patient care has decreased substantially at ACL Indian Hospital and CHS expenditures for hospitalization increased by only \$112,627 (9%) it is important to note that the number of CHS hospitalization cases decreased from 409 in 1997, to 269 in 2004. This may indicate that either ACLSU is experiencing an extremely high cost per patient when hospitalized at hospitals OTHER than ACLIH, or the cost of hospitalizations at area hospitals has substantially increased for any reason. A recommendation from the HSFMP is to conduct a market survey that will detail the types of hospitalization at area hospitals and compare what services might have been provided at ACLIH facility if adequate space and providers were available, rather than referring to area hospitals.

- a.** Lack of access to certain medical specialties (e.g., orthodontry) within the IHS service delivery system means that these providers can only be used by referral through the CHS system, which is controlled by Priority One status and review by the ACLSU administration. This has resulted in patients receiving inadequate preventive care and in ultimately higher long-term health care costs. Long appointment wait times for some dental services and limited appointments for specialized care (e.g., podiatry, orthodontry) provided through Visiting Professionals or CHS dollars restrict access to services that are critical for certain preventive care outcomes and negatively impact the quality of care as well as patient health.



8. Equipment

Throughout site visits and as a result of staff interviews, the consultants found a high percentage of old (over 20 or 25 years old) equipment within ambulatory medical, dental and optometry clinics. While staff tries to “make do with less,” patients are not convinced that this approach yields the highest quality care available. In fact, some staff noted that the older equipment is a deterrent to young medical providers who are trained on newer equipment and feel that using older equipment will degrade their skills. Limited or nonexistent budgets to replace old equipment, difficulties in repairing old/outdated equipment, and the resulting competition among departments to justify the purchase of new or replacement equipment will continue to have a negative impact on the quality of care within the next year and well into the future.

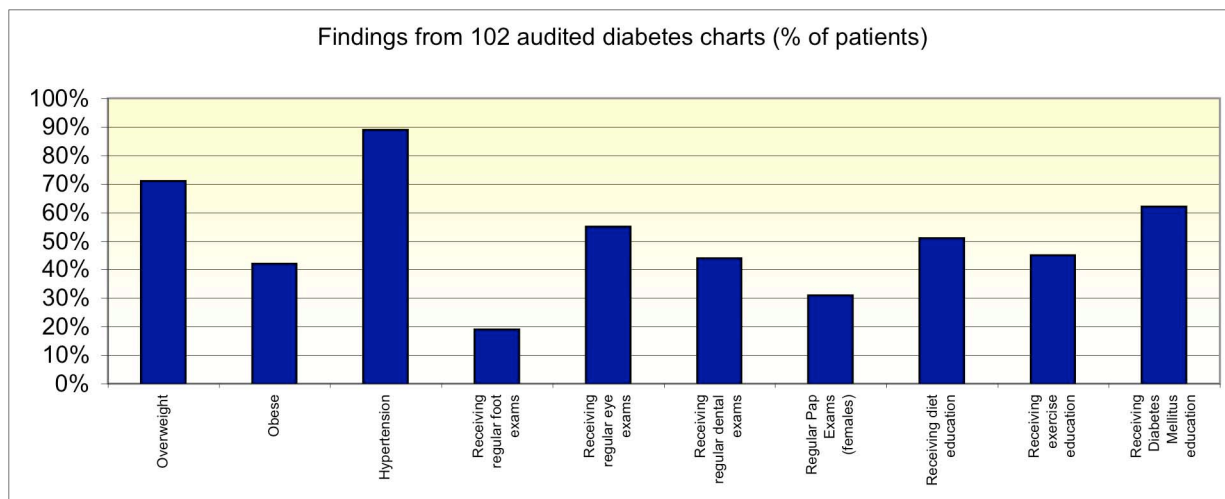
9. Limited Prevention and Education Activities Impact Health Status.

Tribal leaders expressed concern that lack of preventive care, education, and outreach has negatively impacted the health status of their communities. Lack of coordination between programs that tribes have taken control of through the Indian Self-Determination Act, and the medical and program staff of ACLSU is a problem that leads to poor quality of prevention and outreach activities. Although tribes that choose to exercise Self Determination contracts for some programs such as diabetes have control over their program activities, experience in other IHS Service Units shows greatly improved results when tribal staff –who are usually not medically trained – are strongly supported by and even integrated with medical providers and IHS staff.

10. Meeting IHS Standards of Care

The Albuquerque Area’s Diabetes Project Audit of diabetes charts in 2004 revealed the following information. Of the 1369 diabetes charts in the ACLIH registry, seven percent were audited with a summary of the findings provided below.

Diabetes Audit



11. Staff Recruitment and Training

In some cases, hiring freezes implemented through reduced budgets prohibit use of on-going federal funds to hire staff, although ACLSU has been able to justify filling of specific medical positions. Some medical providers indicated that staff recruitment and retention is a problem. New Mexico itself experiences a lack of licensed specialty physicians, nurses, dentists, and other providers, making recruitment and retention in rural locations such as Acoma, a true challenge. In some cases the ACLSU has no alternative than to provide necessary services through contracted employees, or through CHS expenditures because they simply cannot get qualified applicants for vacant positions. Finally, staff responsible for training and orientation programs also report lack of space for training activities and a no time to conduct the trainings.

12. Pharmacy

The medical staff and administration anticipate an increase in pharmacy services as the number of prescriptions and need for prescription management increase, reflecting changing Standards of Care throughout the medical industry. There is a growing demand for prescription workshops or specialty information clinics for both medical providers and patients, to better understand drug interactions and appropriate pharmaceutical choices. Pharmacists expect to provide more case management in renal and diabetes care, and overall become more clinically involved with patient education. The ACLIH pharmacy has used a ScriptPro machine to fill prescriptions over the past three years and has found that it has helped with work flow and efficiency (processing approximately 600 prescriptions/day). Since introduction of the PIXIS software in June 2004 the Point of Sale billing has allowed the department to recuperate costs for purchase of the software. Consultants observed patient consultation at the pharmaceutical window, within earshot of other patients who were standing in the immediate vicinity waiting for prescriptions, or in the waiting room for ambulatory care.

13. Dialysis

Rehoboth McKinnly Christian Hospital operates a 12 chair dialysis facility in a single wide trailer located in the ACLIH parking lot and within 2000 feet of the ACLIH.



Recommendations: Health Services

1. Improve Data Quality

- a. Standardize data entry, medical records, coding of provider services, etc.
- b. Eliminate use of IHS/APC codes and practices that congregate ICD-9 codes into nonstandard medical categories.
- c. Expedite installation of Electronic Health Records to facilitate flow of patient data between clinics and provide improved medical care with less risk to patient and provider.
- d. Obtain funding for use of Palm Pilots to improve data entry especially for field providers, public health nurses and community-based educators.

2. Health Care Coverage

Work with other Area offices, national IHS and the U.S. Congress to adopt nationwide healthcare system that will require reimbursement to Service Units for Urban Indian patient care. In essence, the dollar follows the patient and is not automatically sent back to the home service unit.

3. Expansion of Services

Expand hours of clinic operation to 'capture' patients in evenings or weekends by scheduling medical providers on swing shifts until 7 pm for 2 evenings a week and Saturday clinics.

- a. Expedite the regionalization and consolidation for purchasing of supplies and pharmaceutical drugs with other Service Units and even other IHS Areas to reduce costs, including Mail Order pharmacy services for regular prescriptions. These improvements will improve efficiency while providing time for pharmacists to expand patient education and outreach.
- b. Expand medical detoxification and longterm care for substance abuse patients. Long term psychiatric inpatient care is expensive for the Service Unit to provide through CHS dollars, yet this is a significant need expressed by both staff and the Health Board.
- c. Develop "mobile clinics" that would go into the community to provide "clinics in a suitcase" for high-volume diagnoses categories including podiatry and diabetes. The Tohono'o'dom Tribe in Arizona has experienced significant improvements in tribal members' health and a drastic reduction in the number of lower limb amputations since such a process was instituted.
- d. Expand prevention activities for high-risk individuals and patients that fall within major disease categories.



- e. Provide a Periodontist and increase Podiatry services. Most patients are Medicare / Medicaid and the reimbursements would quickly pay for the expense.
- f. Most tribal staff do not have extensive medical training; providing support and partnership with ACLSU medical providers would improve program outcomes.

4. Case Management

ACLIH could act as regional “case manager” to follow patient care, integrate treatment planning, and improve overall coverage for patients, including care provided through CHS expenditures to area hospitals and CHS referrals.

5. Outreach Activities

- a. Improve outreach, education and prevention activities to reduce long-term effects of chronic illness.
- b. Improve communications, training opportunities, and cooperation between medical staff, administration, and tribal programs, especially with diabetes, substance abuse, and mental health services.
- c. Develop Memoranda of Understanding between IHS ACLSU, Bureau of Indian Affairs, and the tribal programs to reduce duplication of services in mental health and family services, and channel needed funds into creating a regional tribal Detoxification Center and prevention programs.
- d. Increase the number of patient liaison/patient advocate positions for follow-up care after in-patient care at area hospitals and ACLIH.
- e. Develop a physician-in-residence at hospitals used for referrals in Albuquerque and Grants, New Mexico so that IHS physicians visit patients admitted for in-patient care and ensure a smooth transition back to IHS care.
- f. Institute a system of “Appointment Reminder Calls” for patients to reduce the number of ‘no-show’ appointments for regular ambulatory clinics and specialty /visiting professional clinics, thereby improving provider productivity and patient care.

6. Transportation

Develop transportation service from communities to ACLIH for Medicare/Medicaid patients to replace the private-sector transportation programs now used by many patients without vehicles. ACLSU would receive reimbursement for transportation services, and provide patients with a much-needed service.

7. Continuum of Care

Expand home health care services. Public Health nurses do not bill Medicare for home health because this is not an eligible activity. However, ACLIH could create a home health care department and expand this service.



8. Podiatrist on Staff

Experience at other Service Units and other IHS Areas indicate that using third party reimbursements or diabetes grant monies to hire a part- or full-time podiatrist has significantly reduced the number of lower limb amputations and improved overall health of diabetes patients. It is an irony of IHS that amputations are an approved health care cost, but podiatry and foot care are not high priorities.

9. Create an ACL Hospital Foundation

Incorporating the ACL Health Board as a not-for-profit 501(c)3 organization would allow it to more easily raise funds for programs, staff, equipment, training, and other activities. Whether the Health Board or another entity assumes leadership of a Foundation, it is an important additional source of funds that practically every private hospital in America has discovered.

10. Expedite Installation of Teleradiology and Telemedicine

Expand teleradiology practices at ACLSU; expand telemedicine technology to community clinics, and enter into contracts with universities or hospitals capable of providing services unavailable at reasonable cost within the Albuquerque Area. The ACLIH is one of three pilot sites within the Albuquerque Area IHS to develop the infrastructure and initiate teleradiology activities. The IHS' Radiologist stationed at the Albuquerque Service Unit will read the X-Rays and respond to ACLSU needs. Converting existing equipment to function with teleradiology technology costs approximately \$175,000. The addition of telemedicine technology would provide video conferencing for real-time collaborative medical education, training, remote consultation, and emergency response. The benefits include: reduction in patient transportation time and cost; a real-time second opinion; enables quicker patient diagnosis; and access to resources for continuing medical education. The ACLSU could pursue funding opportunities through the Department of Health and Human Services as well as private foundations to pay for this expense.



Findings: Facilities

The IHS has developed a Healthcare Facilities Construction Priority System (HFCPS) which reviews and evaluates all IHS-operated medical facilities. The Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board (FAAB) have developed and reviewed evaluation criteria that provide methodology for this priority-setting activity. The HFCPS will incorporate findings from the Health Services and Facilities Master Plans to rank healthcare facilities construction and renovation needs.

IHS uses a Supportable Space Formula to determine required space, using a standardized formula which was developed and applied to estimate the space that IHS supports for allocation of Maintenance and Improvement Funds. This method does not account for the demographics of the user population.

A second method uses the Base Health Systems Planning (HSP) Software to provide a more detailed measure of the facility needs, based upon demographics of the served.

The Federal Engineering Deficiency System (FEDS) categorizes the facility deficiencies that require repair or renovation and provides cost estimates to address them. Deficiencies noted on the ACLSU Facility Sheets starting on page 37 are estimates and may need to be changed.

1. Facility Design and Adequacy to Meet Service Need

- a. The existing ACL Indian Hospital was originally designed as an in-patient facility but now functions primarily as an ambulatory care clinic.
- b. The building design is inadequate as an ambulatory clinic and inhibits productivity of providers, limits expansion of necessary or desired services, and results in a clumsy patient flow.
- c. Increased outpatient workload requires addition of at least ** more examination rooms to provide smooth flow of patients and accommodate appropriate level of care.
- d. Decreased in-patient activity results in under use of valuable space that might otherwise be used as ambulatory clinic space.
- e. In-patient rooms converted to ambulatory clinic examination rooms are very large for the purpose and represent “wasted” square footage.
- f. Patient registration has compromised confidentiality, while CHS has no waiting area and consultation is in a room without any confidentiality.
- g. Pharmacy consultation has compromised confidentiality.



- h. Mental health department experiences displacement of providers and compromised services when fully staffed and they must find other spaces for phone calls / group meetings.
- i. Physical therapy department is inadequate to meet administrative and storage needs.
- j. Dental clinic has no administrative space for confidential phone calls.
- k. Throughout the facility, a significant lack of storage space; secure filing systems; there is no adequate staff training room and no break room for medical providers;
- l. The morgue is undersized and has poor alignment.
- m. There is no adequate space for family consultation if patients need to be counseled for contract health, referrals, or pharmaceuticals.
- n. Kitchen requires larger or reconstructed cleaning supplies closet for safe storage of cleaning agents; also cooking equipment and storage to maintain sanitation.
- o. Dental laboratory doubles as storage room.

2. ACL HOSPITAL Equipment

All staff reported equipment shortages, outdate computer equipment,

Other equipment needs include:

- a. Dental XRay equipment is old and needs to be upgraded to provide adequate diagnostics for the patient load; dental sterilization equipment is outdated.
- b. Upgraded or new computers for all administrative staff; some new printers, back-up computers for times when computer system is down.
- c. Ergonomic equipment for providers who need it.
- d. Laptop, projector, training materials.
- e. Paper shredders
- f. New copy machines

4. Medical Records

Space is inadequate to meet staffing need; the office is cramped and files are piled high because filing and storage space is needed.

5. Waiting Areas

The existing waiting room is too small and overflows, regularly, with patients spilling into the hallways and compromising confidentiality at the registration desk and the pharmacy.

6. Storage Space

Throughout the hospital storage space is at a minimum and is often located far from the space where it is needed. Secured storage for confidential records and valuable equipment is also inadequate.



7. Dental

Dentists have no room for private consultation, confidential phone calls or for storage of supplies. The dentist shares one small office with dental technicians, which also doubles as storage space.

8. Staff Lounge

There is no staff lounge; staff usually use the one conference room for lunch breaks, unless it is in use for training or meeting.

9. Staff meeting / training / education

The staff commonly meets in the conference room. Aside from this room, no facilities exist for mandatory staff training or education seminars.

10. Signage

Inadequate signage throughout the hospital leaves patients and especially visitors, slightly confused about administrative office location or services.



Recommendations: Facilities

1. Facility Improvements to Meet Service Need

- a. Renovate the ACLIH to accommodate improved information technology and for telemedicine.
- b. Renovate the ACLIH facility to better accommodate ambulatory patient care which includes increasing the number of outpatient/examination rooms.
- c. Renovations needed include additional staff meeting and education rooms, storage space, expanded file management space, employee wellness facilities, and provide more lockers for employees.

2. Explore of a Joint Venture with the federal government for a new facility.

In 2007 it is anticipated that Congress will approve another round of Joint Ventures to match a tribe's investment to construct a facility, with guaranteed funding for the administrative and medical staff by the federal government to meet the needs of the service unit.

3. Medical Detoxification

Use of ACL Hospital for long-term care for medical detoxification.

4. Facility Improvements by Department to Meet Service Need

Based on site visits and staff interviews

- a. Expand pharmacy patient consultation rooms.
- b. Group education rooms for diabetes, obesity, hypertension, etc.
- c. Expand storage capacity for confidential records, supplies and equipment.
- d. Designate a specific area for providers to work on charts so that they are not scrambling for space or seats.
- e. Update computer software. Most systems still operating with Windows 98 software.
- f. Provide separate facilities or room for wound care.
- g. Create a play area for kids so the children aren't running through hallways and have some activities to keep them occupied.
- h. Overall Building renovation to restructure patient flow and improve administrative efficiency.



Demographics and Physiographic Features of the Area

Service Unit Boundaries

The existing administrative boundaries of the three tribes that make up the ACLSU, located in portions of Cibolla, Valencia and Beranalillo Counties of western and central New Mexico, have been used in this report. ACLSU has responsibility for providing access to inpatient facilities and medical services within 90 minutes (approximately 95 kilometers) driving time, for patients registered with the three Service Unit tribes. Access to outpatient facilities is based on a 30 minute (30 kilometer) standard. The time/distance IHS standards for health centers and inpatient facilities are met throughout ACLSU.

There is a significant migratory pattern that indicates how members of other tribes use the facilities of the ACLSU and facilities within the overall Albuquerque Area IHS system. This pattern also shows use of each facility by Urban Indians (see Appendix M). The ACLSU Active User population and projected user population are presented below, comparing these numbers to the U.S. Census population (year 2000) and the tribes' own enrollment numbers. NOTE: This data is incomplete until provided by tribal census offices.

ACLSU Population Projection

Tribe / Service Unit	2000 Census (NM) *	2004 Active User Population*	2015 Projected Population	% Population Growth 00 -15
Other / Urban	1,829	1,850	1,829	18%
Acoma Pueblo	3,689	3,163	3,711	18%
Canoncito Band / Navajo Nation	1,649	2,021	2,407	18%
Laguna Pueblo	5,490	4,351	5,144	18%
ACLSU Total	12,657	11,385	13,125	

* *SU resident, active other Indian Users; Urban population includes 2000 metro/urban census* ** *Taken from U.S. Census and IHS Percentage of Urban Indians in Residence*

Based on Active User population, the ACLSU population is aging at a rapid rate. The average age of the ACLSU Active User population is 30.3 years, while 49% of the patients visits are from individuals over 45 years of age and patient visits from the 45 + age group have grown by 38% over the previous five years. Patient visits from the 65+ age group alone has increased by almost 26% in five years. The chart below outlines patient visits to ACLSU by age. As the 'bubble' population in the 15-44 range ages, ACLSU services and facilities will obviously need to change to accommodate even more prevention and disease categories that affect this group.

ACLSU Total Outpatient Visits by Age (2000 - 2004)

ACL INDIAN HOSPITAL						
Age	2000	2001	2002	2003	2004	2004 % of Total
0 - 1	2,050	1,832	2,360	1,419	1,541	2%
1-14	12,514	13,248	15,943	12,565	11,392	16%
15-44	23,405	24,723	31,475	23,233	23,047	32%
45-64	17,061	18,729	23,009	18,524	19,574	27%
65+	11,645	13,658	16,940	15,291	16,104	22%
TOTALS	66,675	72,190	89,727	71,032	71,658	100%

CANONCITO HEALTH STATION						
Age	2000	2001	2002	2003	2004	2004 % of Total
0 - 1	216	315	441	195	261	3%
1-14	2,763	2,886	3,428	2,695	2,095	23%
15-44	3,185	3,424	4,586	3,181	3,424	38%
45-64	1,935	2,219	2,753	1,831	2,153	24%
65+	936	946	1,221	856	1,055	12%
TOTALS	9,035	9,790	12,429	8,758	8,988	100%

LAGUNA DENTAL CLINIC						
Age	2000	2001	2002	2003	2004	2004 % of Total
0 - 1	1				1	0%
1-14	981	1,278	698	799	555	21%
15-44	1,171	1,147	1,223	1,207	1,073	41%
45-64	790	792	744	753	717	27%
65+	233	240	249	275	284	11%
TOTALS	3,176	3,457	2,914	3,034	2,630	100%

Service Unit Location

The ACLSU has responsibility for providing access to inpatient facilities and medical services within 90 minutes (90 miles or approximately 145 kilometers) driving time, for patients enrolled in the Mescalero Apache Nation. Access to outpatient facilities is based on a 30-minute (48-kilometer) standard. The time/distance IHS standards for health centers and inpatient facilities are met throughout ACLSU.

Facilities in Grants, Gallup, and Albuquerque, NM provide alternative referral sites for patients throughout ACLSU. The distance to the ACL Hospital and other medical providers is listed below, in miles

Distance to ACLSU (in miles)

Sample ACLSU Communities	Distance to ACLSU Hospital	Distance to Grants, NM Clinics / Hospitals	Distance to Gallup, NM Clinics / Hospitals	Distance to Albuquerque Clinics/ Hospitals
Acomita	5	22	82	59
Canoncito	27	44	105	44
Laguna Pueblo	16	33	105	44
San Fidel	-	19	79	61

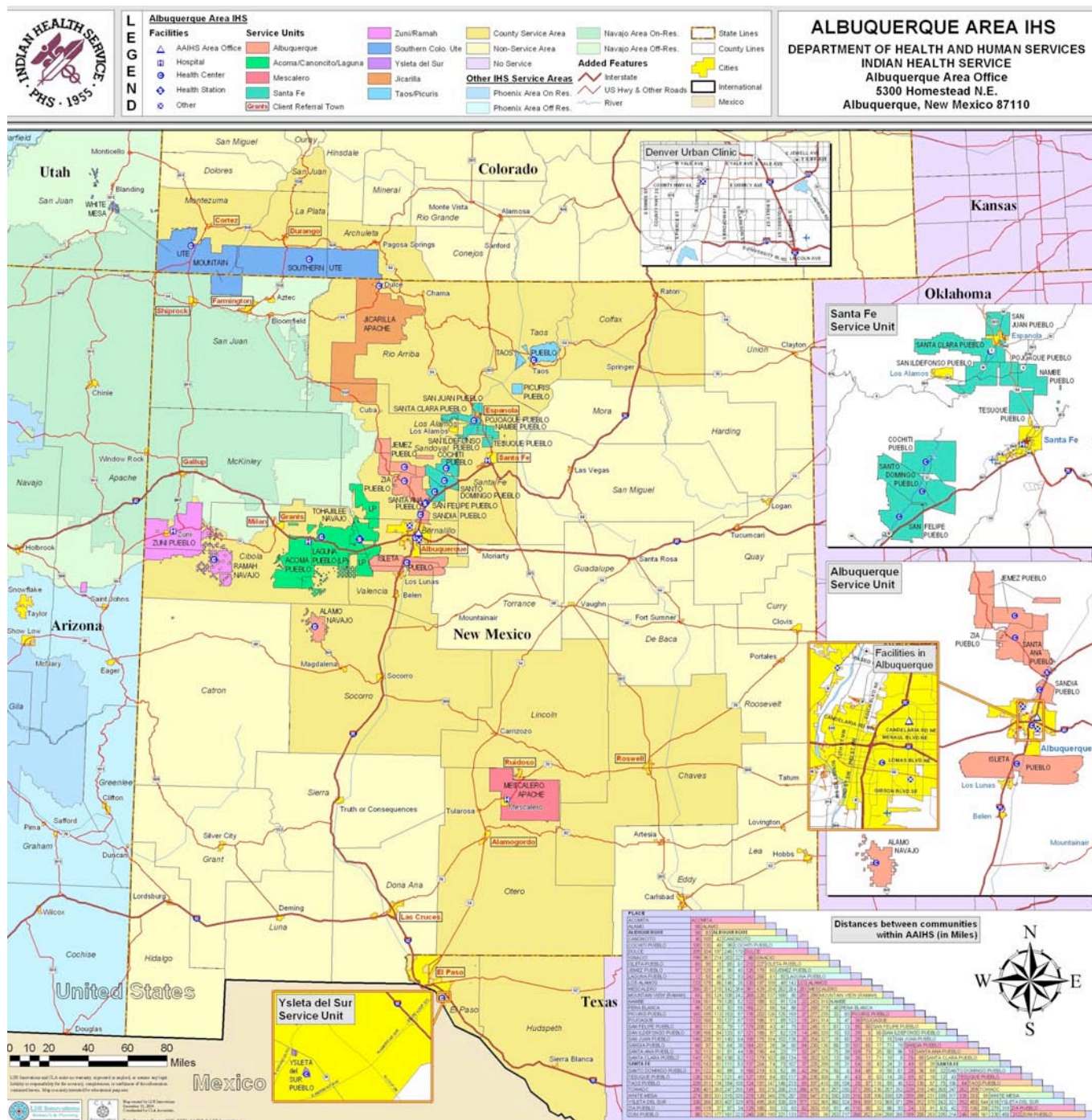
Distance Between Communities within AAIHS

PLACE	
ACOMITA	ACOMITA
ALAMO	58 ALAMO
ALBUQUERQUE	58 83 ALBUQUERQUE
CANONCITO	40 105 42 CANONCITO
COCHITI PUEBLO	100 130 48 98 COCHITI PUEBLO
DULCE	205 334 197 246 170 DULCE
IGNACIO	199 351 214 263 227 86 IGNACIO
ISLETA PUEBLO	65 98 15 65 61 210 227 ISLETA PUEBLO
JEMEZ PUEBLO	97 129 47 96 40 126 178 60 JEMEZ PUEBLO
LAGUNA PUEBLO	12 55 48 32 93 242 266 61 92 LAGUNA PUEBLO
LOS ALAMOS	133 178 96 146 35 130 197 109 49 142 LOS ALAMOS
MESCALERO	265 201 218 342 264 361 429 204 262 264 261 MESCALERO
MOUNTAIN VIEW (RAMAH)	65 85 124 108 242 268 228 137 168 80 291 299 MOUNTAIN VIEW (RAMAH)
NAMBE	134 161 79 128 52 122 188 92 91 124 22 243 315 NAMBE
PENA BLANCA	96 125 43 92 55 166 221 56 54 88 37 258 279 48 PENA BLANCA
PICURIS PUEBLO	165 195 113 163 87 135 202 126 125 159 37 277 235 32 83 PICURIS PUEBLO
POJOAQUE	133 160 78 127 87 119 186 91 89 123 19 241 314 3 47 36 POJOAQUE
SAN FELIPE PUEBLO	85 111 30 79 17 179 208 43 41 75 51 245 151 61 13 96 60 SAN FELIPE PUEBLO
SAN ILDEFONSO PUEBLO	138 166 84 133 57 121 188 97 62 129 14 248 320 10 53 39 6 86 SAN ILDEFONSO PUEBLO
SAN JUAN PUEBLO	145 228 91 140 64 108 175 104 102 136 25 254 327 15 60 28 13 73 15 SAN JUAN PUEBLO
SANDIA PUEBLO	68 97 15 64 36 184 201 28 34 60 84 230 136 66 30 101 65 17 71 78 SANDIA PUEBLO
SANTA ANA PUEBLO	82 113 31 81 44 138 190 44 23 77 92 247 153 75 39 109 73 25 80 86 18 SANTA ANA PUEBLO
SANTA CLARA PUEBLO	143 170 88 138 62 112 179 102 66 134 18 252 325 13 58 35 11 71 10 8 76 85 SANTA CLARA PUEBLO
SANTA FE	115 143 61 111 63 137 204 74 73 107 37 225 298 19 31 54 18 43 24 31 49 57 29 SANTA FE
SANTO DOMINGO PUEBLO	91 122 40 89 9 168 219 53 52 85 42 256 276 50 6 84 49 9 55 61 28 36 59 32 SANTO DOMINGO PUEBLO
TESUQUE PUEBLO	126 153 71 121 45 127 193 84 83 117 26 235 308 9 41 43 8 53 14 20 59 67 18 12 43 TESUQUE PUEBLO
TAOS PUEBLO	229 311 134 184 108 124 191 147 146 219 69 337 410 59 104 25 57 116 59 45 122 130 57 75 106 64 TAOS PUEBLO
TOWAOC	206 401 263 247 255 149 83 276 206 219 266 479 351 257 250 271 255 236 257 252 229 218 248 268 247 262 259 TOWAOC
WHITE MESA	274 393 331 315 325 219 128 345 276 287 339 547 376 330 320 316 328 306 330 325 299 288 231 338 317 335 333 59 WHITE MESA
YSLETA DEL SUR	336 266 283 407 329 478 495 269 328 329 377 132 365 360 324 394 359 310 365 371 296 312 370 342 321 352 455 544 618 YSLETA DEL SUR
ZIA PUEBLO	89 119 37 87 34 129 180 50 13 83 62 253 159 81 45 115 80 32 86 93 24 13 91 63 42 73 136 208 279 319 ZIA PUEBLO
ZUNI PUEBLO	88 121 177 161 223 248 208 190 221 133 271 393 36 253 217 288 252 204 258 265 189 205 263 235 214 246 348 161 230 458 212 ZUNI PUEBLO



The following map indicates the boundaries of the Albuquerque Area IHS. It identifies each Service Unit, the tribes within that Service Unit, and the type of medical facilities available at within each Service Unit.

AAIHS Service Unit Map



Existing Location and Health Services Provided

Medical services for the ACLSU are provided through two IHS-owned ambulatory clinics on Laguna Pueblo and at the To'hajiilee (Canoncito) village of Navajo Nation, and one IHS-owned and -operated hospital/clinic/dental facility located on the Acoma Pueblo in San Fidel, New Mexico.

In addition to these clinics, the Sunrise Regional Treatment Center is operated by the IHS as an in-patient facility for youth referred from around the Albuquerque Area, who need intensive treatment for substance abuse.

Facility data is summarized on the facility sheets that follow.



ACLIH Facility Sheet

ACL Indian Hospital



SERVICES PROVIDED

Outpatient	Physical Therapy
Inpatient	Occupational Therapy
Dental	Emergency Room/
Optometry	Urgent Care
Pharmacy	EMS / Transport
Radiology	
Laboratory	
Mental Health	
Dietary	

FACILITY DATA

Installation Number	33115
Year Built	1978
City, State	San Fidel, NM
County	Cibola
IHS Owned/Leased?	IHS-owned
Distance to Service Unit Office	0
Total Square Footage	50,225
Inpatient Floor Space (sq. ft.)	33,888
Outpatient Floor Space (sq. ft.)	4136
# of Buildings	4
# of Housing Quarters	50
# of Licensed Hospital Beds	25
# of Staffed Hospital Beds	15
# of Exam Rooms	18
2004 Staff Positions	191 + 20 vacant

PRIORITY ISSUES

Facility Deficiencies:

Compliance	\$46,776
Maintenance and Repair	\$1,466,046
TOTAL	\$1,512,822

Health Board Priorities:

Podiatry - Care and Services On-Site, Diabetes
Family Practice, Pediatric Optometry, Ophthalmology (teleoptometry)

Staff Priorities:

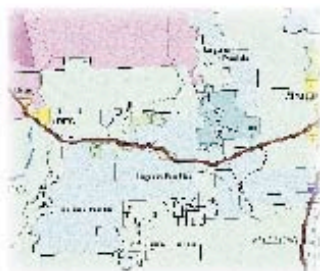
Information Technology Equipment, Support,
Maintenance for every department, including
Canoncito. Additional Operating Funds
Canoncito staffing, equipment, lease; Pharmacy
Funds for Equipment Purchase; Funds for Building Renovation

User Population (contains % of Other)	1997	2004	2015 (projected)
Average Daily Outpatient Load	216	230	
Average Daily Inpatient Load	7.8	3.6	
Acoma	3776	3780	3786
Canoncito	2303	2405	2575
Laguna	5088	5200	5381
Total	11167	11385	11742



Canoncito HC Facility Sheet

Canoncito Health Center



SERVICES PROVIDED

Outpatient
Dental
Limited Pharmacy

FACILITY DATA

Installation Number	
Year Built	1984
City, State	To'hajiilee, NM
County	Bernalillo
IHS Owned/Leased?	Leased
Distance to Service Unit Office	21.7 mi.
Total Square Footage	3,272
Inpatient Floor Space (sq. ft.)	2,500
Outpatient Floor Space (sq. ft.)	N/A
# of Buildings	N/A
# of Housing Quarters	N/A
# of Licensed Hospital Beds	N/A
# of Staffed Hospital Beds	N/A
# of Exam Rooms	2
2004 Staff Positions	7

PRIORITY ISSUES

Facility Deficiencies:

Safety	N/A
Compliance	N/A
Maintenance & Repair	N/A
TOTAL	N/A

Health Board Priorities:

Podiatry - Care and Services On-Site, Diabetes
Family Practice, Pediatric Optometry, Ophthalmology (teleoptometry)

Staff Priorities:

Diabetes (Preventive Medicine); Benefits Coordinator (Other Services); Occupational Therapy (Ancillary Services); Dental (Physician Care)

User Population (contains % of Other)	1997	2004	2015 (projected)
Average Daily Outpatient Load	216	230	
Average Daily Inpatient Load	7.8	3.6	
Acoma	3776	3780	3786
Canoncito	2303	2405	2575
Laguna	5088	5200	5381
Total	11167	11385	11742



Laguna Dental Center Facility Sheet

Laguna Dental Center



SERVICES PROVIDED

Dental

FACILITY DATA

Installation Number	
Year Built	
City, State	Laguna, NM
County	Sandoval, Bernalillo
IHS Owned/Leased?	Owned
Distance to Service Unit Office	
Total Square Footage	896
Inpatient Floor Space (sq. ft.)	896
Outpatient Floor Space (sq. ft.)	N/A
# of Buildings	1
# of Housing Quarters	N/A
# of Licensed Hospital Beds	N/A
# of Staffed Hospital Beds	N/A
# of Exam Rooms	4
2004 Staff Positions	2.5

PRIORITY ISSUES

Facility Deficiencies:

Safety	\$1,111
Compliance	7,608
Maintenance & Repair	25,233
TOTAL	\$33,952

Health Board & Staff Priorities:

N/A

User Population (contains % of Other)	1997	2004	2015 (projected)
Average Daily Outpatient Load	216	230	
Average Daily Inpatient Load	7.8	3.6	
Acoma	3776	3780	3786
Canoncito	2303	2405	2575
Laguna	5088	5200	5381
Total	11167	11385	11742



Health Services Delivery Plan

Inpatient Care

It is obvious that inpatient activity at ACLIH is decreasing. While the hospital industry nationwide has experienced a reduction in Average Length of Stay (ALOS) in response to insurance changes, the ACLIH has had a considerable reduction in the Average Daily Count (ADC) and number of admissions and discharges from 1997 to 2004. A corresponding increase in the number of ACLSU patients admitted to area hospitals would indicate that the ACLIH experienced a problem with its ability to provide care for in-patients during this time period.

Admission and discharge volume declined by 34% in seven years, and the occupancy level was only 24% in 2004. By most health planning standards, this is a struggling enterprise at best and it represents a drain on limited resources that could be used to provide better ambulatory care to patients.

As a result of decreased inpatient and ambulatory services due to Priority One service designations, Contract Health Service dollars compensate for the deficiencies of the health services not provided within IHS facilities. Therefore, it may be impossible to reasonably project CHS needs by the year 2015. Use of CHS dollars to pay for care is not a clear measurement of health care service need, nor is it an adequate measurement of the ability of the Service Unit to provide health care, within its budget allocation. By limiting patient referrals and access to health care, the IHS is only delaying the inevitable backwash of medical problems that result from failing to address primary or preventive care now.



ACLSU continues to use contract inpatient services for acute, specialty, and sub-specialty care that are not provided directly at ACLIH. These services include:

- Acute psychiatric care
- Tissue biopsy
- Bone marrow transplant
- Burn unit treatment
- Dialysis
- Cancer diagnosis and treatment
- Cardiology
- Day Surgery
- Chemotherapy/radiation
- Critical spinal care
- CT scan
- Ear/nose/throat surgery
- Gynecology surgery
- Intensive care
- Long-term care
- Neurosurgery
- Obstetrics Levels II & III
- Ophthalmology surgery
- Orthopedic surgery
- Organ transplant
- Vascular surgery
- Trauma critical care
- Neonatal and pediatric surgery

There are 15 private and specialty hospitals and facilities frequently used by ACLSU to provide unmet needs and to handle cases that are beyond the capacity of the current IHS health system. These facilities include:

- Presbyterian Hospital, Albuquerque, NM
- St. Joseph Medical Center, Albuquerque, NM
- Heart Institute of New Mexico, Albuquerque, NM
- Albuquerque Regional Medical Center, Albuquerque, NM
- Heart Institute of New Mexico, Albuquerque, NM
- Carrie Tingley Hospital, Albuquerque, NM
- Heights Psychiatric Hospital, Albuquerque, NM
- University of New Mexico Hospital, Albuquerque, NM
- University of New Mexico Mental Health Center, Albuquerque, NM
- Gallup Indian Hospital, Gallup, NM
- Gallup Regional Medical Center, Gallup, NM
- Cibola General Hospital, Grants, NM

A list obtained by search of the Yellow Pages shows that additional facilities are available within 50 miles of Mescalero. This list is included in Appendix G.



Ambulatory Medical Services

In 2004, the ACL Service Unit registered 83,265 outpatient visits, representing 13% of the entire Albuquerque Area ambulatory visits. In general, the statistics indicate that the ACLSU realized a 6% increase in the number of outpatient visits from 1999 to 2004, and 13% of the Albuquerque Area total use. The following chart indicates use of ACLSU facilities in comparison to other Service Units.

ACLSU Outpatient Visits compared to Albuquerque Area

Service Unit	2000	2001	2002	2003	2004	% Change 1999-2004	2004 % of Total
Albuquerque	137,908	136,053	137,255	121,201	131,142	-5%	20%
Santa Fe	130,016	135,289	128,835	114,089	114,482	-12%	18%
Zuni	79,476	79,350	83,585	86,969	89,312	12%	14%
Acoma- Canoncito- Laguna (ACL)	78,889	85,453	105,081	82,834	83,265	6%	13%
ABQ / Tribe 638	18,857	31,411	46,327	68,731	71,256	278%	11%
Southern Colorado	41,158	41,298	39,795	45,858	49,276	20%	8%
Mescalero	29,830	30,318	34,068	34,589	33,831	13%	5%
Jicarilla	26,037	28,349	28,587	30,120	29,716	14%	5%
Zuni - Ramah	20,414	22,758	22,722	23,910	23,033	13%	4%
Taos / Picuris	16,796	16,566	16,463	17,139	19,451	13%	3%
Other	1,994	2,551	2,423	2,762	3,677	84%	1%
Total	581,375	609,396	645,141	628,202	648,441	12%	100%

The following chart show a snapshot of the top 30 reasons for outpatient visits to ACLSU in 2004. This data is presented as a summary of the type of workload burden on the Service Unit's operation overall, as well as the burden on the ACL Hospital as an outpatient clinic rather than an in-patient hospital. The consultants know no reason why Laguna's Health Center lists only two diagnoses under the IHSPEs databank.

Appendix H shows outpatient visit volume by diagnostic category for ACL Service Unit clinics from 1999 to 2004.



Top 35 Diagnoses Ranked by Number of Patient Visits in 2004

ACL HOSPITAL			CANONCITO HEALTH CENTER			LAGUNA HEALTH CENTER		
Rank	ICD DIAGNOSIS NAME	Patient Visits	Rank	ICD DIAGNOSIS NAME	Patient Visits	Rank	ICD DIAGNOSIS NAME	Patient Visits
1	Issue Repeat Prescript	6,907	5	Issue Repeat Prescript	385			
2	Dental Examination	6,816	1	Dental Examination	1,431	1	Dental Examination	2,618
3	Diab Uncomp Typ II/Niddm	3,843	3	Diab Uncomp Typ II/Niddm	464			
4	Administrtrve Encount Nec	2,681	2	Administrtrve Encount Nec	543			
5	Acute Uri Nos	2,054	4	Acute Uri Nos	448			
6	Physical Therapy Nec	1,910						
7	Hypertension Nos	1,796	7	Hypertension Nos	169			
8	Vaccine And Inocula Influenza	1,611	6	Vaccine And Inocula Influenza	373	2	Vaccine And Inocula Influeb	12
9	Laboratory Examination	1,544	10	Laboratory Examination	116			
10	Eye & Vision Examination	1,182	15	Eye & Vision Examination	87			
11	Diab Uncontrol, Type II	718	11	Diab Uncontrol, Type II	113			
12	Otitis Media Nos	640	12	Otitis Media Nos	109			
13	Enc To Occupational Ther	621						
14	Oth Specified Counseling	606	28	Oth Specified Counseling	56			
15	Asthma Unspecified	587	18	Asthma Unspecified	75			
16	Supervis Oth Normal Preg	564	21	Supervis Oth Normal Preg	71			
17	Routin Child Health Exam	552	9	Routin Child Health Exam	140			
18	Gynecologic Examination	484	17	Gynecologic Examination	77			
19	Abdominal Pain, Uns Site	483	36	Abdominal Pain, Uns Site	36			
20	Refraction Disorder Nos	475	8	Refraction Disorder Nos	169			
21	Contracept Surveill Nec	474	26	Contracept Surveill Nec	59			
22	Dietary Surveil/Counsel	458	31	Dietary Surveil/Counsel	46			
23	Rheumatoid Arthritis	412						
24	Urin Tract Infection Nos	412	32	Urin Tract Infection Nos	44			
25	Acute Pharyngitis	406	23	Acute Pharyngitis	61			
26	Chronic Renal Failure	405						
27	Curr Use Anticoagulants	402						
28	Depressive Disorder Nec	401	29	Depressive Disorder Nec	51			
29	Bronchitis Nos	392	33	Bronchitis Nos	43			
30	Allergic Rhinitis Nos	363	22	Allergic Rhinitis Nos	69			
	All Other	31,459		All Other	3,142			
		71,658			8,377			2630



Health Service Priorities

Service Unit Board Ranked Clinical Priorities

The ACL Health Board was asked to consider priorities of care using the questionnaire provided in Appendix I. After presentation of statistical health and patient visit data, a one-day meeting was held with the ACLSU Boards to determine the level of care that they wanted to see within the ACL. The standard provider list that is used within the Health Systems Planning process to create the RRM was used as a basis for determining what type of provider care was desired. A more detailed version of the health board's list of priorities appears in Appendix J.

Desired Services for ACL Hospital by Health Board

ACL HOSPITAL Desired Services by ACL Health Board		
PHYSICIAN CARE	ELDER CARE	WOMEN'S CARE
Family Practice	Skilled Nursing	Ultrasound – OB
Internal Medicine	WELL BABY/WELL CHILD	Pap smears
Pediatric	Post partum baby checks	STD treatment / counseling
Gynecology	Vaccinations	Birth Control counseling
Ophthalmology	PREVENTIVE MEDICINE	MEN'S CLINICS
Traditional Healing	Diabetes	Prostate screening
Dental	Hypertension	STD treatment / counseling
EMERGENCY / ICU	ANCILLARY SERVICES	OTHER SERVICES
After Hours Urgent Care	Staffed Pharmacy	Case Management
Emergency	Lab Specimen Collection	Environmental Health
Ground Ambulance	Clinical Lab	Transportation
Air Ambulances: Rotor	Microbiology Lab	Public Health Nursing
Air Ambulance: Fixed	Anatomical Pathology	Health Education
AMBULATORY CARE	X-Rays	School Education - prevention
Nutrition	Ultrasound Level I	Diabetes Clinics
Optometry	Physical Therapy	Coding and Medical Records
Dialysis	INPATIENT CARE	Benefits Coordinator
BEHAVIORAL HEALTH	Medical Inpatient	Adult and Child Protection, Intervention
Mental Health	Adolescent Substance Abuse	Endocrinology
Social Services		Patient Advocate / Translator
Alcohol/Substance Abuse-After Care, Rehab, Followup		



CANONCITO HEALTH CENTER Desired Services by ACL Health Board		
PHYSICIAN CARE	WELL BABY/WELL CHILD	WOMEN'S CARE
Family Practice	Post partum baby checks	Pap smears
Internal Medicine	Vaccinations	STD treatment / counseling
Pediatric	PREVENTIVE MEDICINE	Birth Control counseling
Gynecology	Diabetes	MEN'S CLINICS
Dermatology	Hypertension	Prostate screening
Orthopedics	EMERGENCY / ICU	STD treatment / counseling
Gerontology	Ground Ambulance	Birth Control counseling
Radiologists	AMBULATORY CARE	INPATIENT CARE
Cardiology	Nutrition	Adolescent Substance Abuse
Urology	Dialysis	Adult Substance Abuse
Neurology	BEHAVIORAL HEALTH	Psychiatric – low acuity
Nephrology	Mental Health	Psychiatric – high acuity
Allergy	Social Services	OTHER SERVICES
Pulmonology	ELDER CARE	Case Management
Gastroenterology	Skilled Nursing	Transportation
Rheumatology	Hospice	Public Health Nursing
Oncology	Home Health Care	Public Health Nutrition
Dental	ANCILLARY SERVICES	Health Education
	Physical Therapy	Diabetes Clinics
	Occupational Therapy	Benefits Coordinator

LAGUNA HEALTH CENTER Desired Services by ACL Health Board	
PHYSICIAN CARE	
Family Practice	
Gerontology	
Dental	
EMERGENCY / ICU	
Ground Ambulance	
BEHAVIORAL HEALTH	
Social Services	
ELDER CARE	
Skilled Nursing	
ANCILLARY SERVICES	
Staffed Pharmacy	
OTHER SERVICES	
Health Education	
School Education - prevention	

The Health Board was then asked to rank the types of services and care that they wanted to see provided. This list of priorities is included below. (Note: Every "1st priority" vote equals 10 points, and every "2nd priority" vote equals 5 points.)

Prioritization of Desired Services

SERVICE	1st Priority	2nd Priority	Total	
Podiatry - Care and Services on site	50		50	DEFINITE
Diabetes	50		50	
Family Practice	40	5	45	
Staffed Pharmacy	30	15	45	
Pediatric Care	40		40	PROBABLY
Optometry, Ophthalmology (teleoptometry)	40		40	
Dental Services, Preventive Care, Especially in Schools	30	10	40	
Geriatric Clinics	30	10	40	
After hour and weekend clinics	30	10	40	
Nutrition	30	10	40	
Audiology	30	10	40	
Substance Abuse After Care, Rehab, And Follow-up	30	10	40	
Skilled Nursing for Elders	30	10	40	
Hypertension	30	10	40	
Prevention and Wellness – Workplace and Schools	20	20	40	
Prenatal and Post-Partum Care. Local Deliveries, Home Births	30	5	35	MARGINAL
Mental Health	20	15	35	
Coding and Medical Records Improvements	20	15	35	
Mammography and Mobile Units	20	15	35	
Regional Dialysis	20	10	30	
Physical Therapy	10	20	30	
Social Services - Medicaid, SS, Benefits Coord, Adult & Child Protection, Intervention	10	20	30	
Case Management	10	20	30	
Environ Health - Animal Control, Sewage, Clean Drinking Water	10	20	30	
Epidemiology Services	10	20	30	
Radiology (teleradiology)		15	15	DROP
Elder Daycare		15	15	
Chiropractic and Acupuncture	10		10	
Laboratory (basic essentials)		5	5	

Given the focus and importance placed on diabetes, an endocrinologist and a podiatrist would be a valuable addition to the complement of medical staff.

Projected Service Need - Quantitative

Projected service need—which will ultimately drive the need for space to accommodate medical providers to fill the service need—is based on historical patterns of use at ACLIH. The following chart provides projections to the year 2015 on categorized groupings of patient visits. It is common practice within the health industry to categorize patient visits to better plan for provider specialties and workloads. All data are projected to the year 2015, based on historical use. The low estimate is based on actual annual growth 1999 to 2004, the high estimate is based on average annual percentage increase 1999 to 2004.

The chart, “Staffing Needs Summary Projections to 2015” is included as Appendix K, with “Provider Workload and Facility Need Projected to 2015” as Appendix L. Both charts are being finalized at the time of publication, but they show preliminary room and productivity numbers. Once completed they will provide an estimate of the number of examination rooms needed to fulfill projected service needs in the year 2015, based on historical patient visits.

ACL Patient Visit History Grouped By Diagnostic Category Projected To 2015

	# of Patient Visits		LOW	HIGH	Ave Annual % Change	LOW	HIGH
Group	2000	2004	2010	2015	2000-04	2010	2015
Endocrine , nutritional, metabolic diseases, and immunity disorders	5,955	6,259	7,404	8,358	3.6%	7,737	9,232
Diseases of the Respiratory System	5,462	5,266	5,522	5,735	0.8%	5,538	5,775
Injury and Poisoning	2,962	3,349	4,200	4,909	5.4%	4,584	5,955
Diseases of the Circulatory System	1,657	2,609	3,762	4,723	11.7%	5,057	8,779
Symptoms , Signs, and Ill-defined conditions	2,576	3,367	3,987	4,504	3.6%	4,170	4,983
Mental Disorders	2,445	2,932	3,713	4,364	5.7%	4,091	5,399
Diseases of the Musculoskeletal and Connective Tissue	2,064	2,608	3,557	4,348	8.7%	4,304	6,533
Diseases of the Digestive System	1,248	1,474	1,952	2,350	7.4%	2,262	3,232
Diseases of the Skin and Subcutaneous Tissue	1,643	1,723	1,952	2,143	2.5%	1,997	2,259
Diseases of the Genitourinary System	1,577	1,802	1,988	2,143	1.9%	2,015	2,212
Diseases of the Blood and Blood-Forming Organs	242	575	1,041	1,429	41.5%	1,041	1,429
Diseases of the Nervous System and Sense Organs	4,164	3,325	2,105	1,088	-4.7%	2,493	1,962
Neoplasms	148	306	482	629	18.5%	847	1,978
Complications of Pregnancy, Childbirth, and the Puerperium	546	571	422	298	-3.6%	459	383
Certain Conditions Originating in the Perinatal Period	58	41	37	34	-1.4%	38	35
Congenital Anomalies	56	60	36	16	-5.0%	44	34
Infectious and Parasitic Disease	1,712	1,547	481	-	-7.3%	982	673
Other / Supplemental	32,160	33,844	34,857	35,701	0.5%	34,896	35,798
	66,675	71,658	77,498	82,772		82,556	96,652

Notes: "Other / Supplemental" includes the following items in order of frequency:

- | | |
|---|--------------------------|
| 1. Issuance of prescriptions | 12. Tuberculosis |
| 2. Dental examination | 13. Other medical exam |
| 3. Laboratory | 14. Physical therapy |
| 4. Eye examination / glasses / contacts | 15. Dietary consultation |
| 5. Vaccination | 16. Radiological exam |
| 6. Pregnancy | |
| 7. Routine infant or child health check | |
| 8. Contraception | |
| 9. Other encounter for administrative purpose | |
| 10. Gynecological exam | |
| 11. Health education / instruction | |

User Population

Non-ACL tribal members use the ACLSU as an ambulatory clinic because many of them are employed by a tribal business entity such as one of the casinos, or they are traveling (see Migration Data, Appendix M).

The number of Active User patients registered at ACLSU rose by only 6% from 1997 to 2004. Based on historical use patterns, the ACLSU health care delivery system will likely see an 8 - 10% rise in Active User population by the year 2015. It should be noted however, that there remains a gap of approximately 1,000 between enrolled Acoma Pueblo Indians and the Active User Population (see page 13).

ACL Service Unit Active User Populations

Tribe	1997 User Population (1)	2004 User Population (2)	(1) Active User = Indians using IHS system within the period September 30, 1994 – September 30, 1997
Other	1,560	1,850	
Acoma Pueblo	3,244	3,163	(2) Active User = Indians using IHS system within the period October 1, 2001 – September 30, 2004
Canoncito Band	1,938	2,021	
Laguna Pueblo	4,375	4,351	
ACLSU Total	11,117	11,385	* Other = Other Indian Users / “Urban” Indians

Urban Indians

The term “Urban Indians” refers to any American Indian or Alaska Native who is living outside of his / her reservation boundary and who is enrolled with IHS to receive medical services at a facility other than the home Service Unit. IHS medical facilities—or tribal facilities that receive medical service funding through IHS—may not refuse ambulatory or in-hospital medical service to any American Indian or Alaska Native who seeks care, regardless of whether he or she is a member of that particular Service Unit. Use of Contract Health Service dollars is restricted, however, to enrolled members of the Service Unit or any Indian who lives on the Mescalero Apache Reservation.

An Urban Indian may also be someone who is an enrolled member of the Laguna Pueblo but is living off the reservation AND outside of the counties in which the Laguna reservation sits. For example, a member of the Laguna Pueblo living in Santa Fe, NM would be considered an Urban Indian because he or she is living outside of the home reservation and the home county.



Approximately 16% of the ACLSU Active User Population is composed of “Other” patients, which includes non-Indians. Unless these patients have private insurance or are qualified for Medicare or Medicaid, the Service Unit bears the financial responsibility for their ambulatory medical and dental care.

IHS does not currently provide direct funding to any of the Albuquerque Area Service Units to pay for the medical care of Urban Indians, although a small percentage of funds received for health services is budgeted for this need. As a result, Service Units and individual medical facilities bear the burden of care for these individuals. Providing care to this population is at the expense of providing or expanding services to ACLSU members.

Across the country, the issue of providing health care to Urban Indians has exposed problems with tying funding to facilities and specific user populations. Appendix M contains “migration pattern” information regarding the home communities and number of patients receiving care at the ACLSU facilities.

IHS vs. National Averages

The following chart outlines ACLSU patient use rates by diagnostic categories as compared to national averages. The five highlighted categories indicate areas in which the ACLSU population is experiencing excessively higher rates of patient visits compared to the national average. From these figures it is clear that the ACLSU population suffers from conditions related to Endocrine, Nutritional, Metabolic and Immunity at a far greater percentage than does the national population. Conditions of Mental Health, Infectious and Parasitic Diseases, and Injuries and Poisonings are still considerably higher than the national average, while it is impossible to know exactly what conditions within the “OTHER” category puts that group at a rate that is seven times higher than the national average.

Availability of health services has a substantial impact on health measures. It has been demonstrated by interviews, health board reviews, statistics, and site visits that the ACLSU services involving community clinics, outreach, education, and preventive health services are not adequate to meet needs, primarily due to budget restrictions.



ACL Service Unit Outpatient Visit Utilization vs. National Use Rates

ICD-9 Diagnostic Category (Patient Visits per 1,000 population)	(A) Service Unit Use Rate	(B) National Use Rate	# Difference	% Difference
Diseases of the Circulatory System	247.3	299.1	51.8	21%
Diseases of the Digestive System	142.8	112.6	-30.2	-21%
Diseases of the Genitourinary System	174.4	159.9	-14.5	-8%
Diseases of the Musculoskeletal and Connective Tissue	259.4	252.4	-7	-3%
Diseases of the Nervous System and Sense Organs	345.8	295.4	-50.4	-15%
Diseases of the Respiratory System	542.7	421.3	-121.4	-22%
Diseases of the Skin and Subcutaneous Tissue	169.6	158.7	-10.9	-6%
Endocrine, Nutritional, Metabolic Diseases, And Immunity Disorders	617.5	200.4	-417.1	-68%
Infectious and Parasitic Disease	163.6	95.3	-68.3	-42%
Injury and Poisoning	316.2	203.1	-113.1	-36%
Mental Disorders	283.9	156.2	-127.7	-45%
Neoplasms	30.1	97.1	67	223%
Other / Supplemental *	3,564.5	562.8	-3001.7	-84%
Symptoms, Signs, and Ill-defined Conditions	325.0	214.1	51.8	21%
All Other	247.3	299.1	-30.2	-21%

Data Source Notes: (A) Service Unit Use Rates are based on 2002 visit data and Census data (2002 population projected by applying Albuquerque area growth factor 2000-2002 to ACLSU tribes); (B) National Use Rates: 2002 National Hospital Ambulatory Medical Care Survey & National Ambulatory Medical Care Survey & National Hospital Ambulatory Medical Care Survey-ED data from the National Center for Health Statistics at the CDC.

Other / Supplemental refers to:

Issuance of prescriptions
Dental examination
Other medical exam
Physical therapy
Eye examination / glasses / contacts
Radiological exam
Pregnancy
Routine infant or child health check

Other encounter for administrative purpose
Tuberculosis
Gynecological Exam
Laboratory
Contraception
Dietary consultation
Vaccination
Health education / instruction
Health exams of defined subpopulations

Budget Issues

Despite limited – and decreasing – funding, ACLSU has demonstrated the ability to provide basic health care to the 12,657 Active Users within its boundaries. This has been achieved in spite of lower per capita expenditures for health care, estimated by the IHS to be less than 60% of national levels, and lower availability of health care services (25% annual availability of dental services versus 60% for U.S. population overall). The following chart outlines the ACL budget in light of increased patient visits.

Complicating these factors are the limited number of providers – almost 50% less per capita than the U.S. population overall.

While an admirable approach, the “do more with less” medical practice can mean that true health care needs are never fully addressed, preventive care is neglected, and longer term, more serious chronic conditions result. An example is the 2004 decision to restrict medical coverage to Priority One levels of care. The long-term outcomes of these reductions point to an increased – not decreased—health care burden on providers and facilities by the year 2015.

The annual IHS budget has been increasing only approximately 3% per year for facilities and services –much of which must be used for federally mandated “Cost of Living Adjustments” for staff salaries. The impact of this minimal increase on the IHS’ ability to provide quality health care services cannot be understated. It has also resulted in underfunding of facilities, equipment, and other capital investment necessary to provide adequate health care services.



Projected Service Need - Qualitative

Medicare and Medicaid Changes

ACLSU (and indeed all of the Albuquerque Area IHS) has exponentially increased its reliance on Medicaid, which is a revenue stream that is increasingly at risk. With the federal budget deficit growing, the implications for health care are huge. Approximately one-quarter of the federal budget is made up of Medicare and Medicaid.

As the number of Medicare enrollees increases with an aging population, it is estimated that by 2010, 70 million Americans will have two or more chronic conditions. In addition, the number of working Americans paying taxes to support the Medicare Hospital Insurance Trust Fund will begin decreasing dramatically by the year 2015. Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019.

At the same time, Medicare and Medicaid funding requirements will become increasingly difficult, and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of “pay for performance” will be instituted so that payment will be based on performance indicators rather than outcomes. With more than 50% of its revenue dependent on Third Party Insurance, and the majority of this coming from Medicare and Medicaid funding, the ACLSU will need to make difficult changes to accommodate its future existence.

Indian Self Determination Act (P.L. 93-638)

As tribal leaders search for better health care services for their members, interest has grown in exercising their rights under the Indian Self Determination Act (ISDA) to assume responsibility for providing health care services. The Tribes of the ACLSU have exercised their options to contract services under the Health Education program for Substance Abuse Counseling, Diabetes and Public Health. * double check*.

National Patient Information Reporting System (NPIRS) & Government Performance Reporting Act (GPRA)

NPIRS is a method of measuring data for what services are being performed, how the services are being performed, and how well the services are being performed. It provides a measurement tool for health care delivery as well as evaluation standards for funding. GPRA addresses clinical performance indicators and measures the number of patients with specific diseases. It establishes protocols for each disease. GPRA defines national standards of care that must be met in order to continue receiving funding.



In providing health and diagnostic data to tribal leaders, the question of whether patients with diseases such as Diabetes Mellitus Type 2 or hypertension were receiving adequate care was often discussed. The IHS' own Standard of Care for patients with Diabetes Mellitus Type 2 is described in nine broad categories:

1. Baseline studies, which should include recording patient height and date of diabetes diagnosis, obtaining a baseline Electrocardiogram (ECG) and then repeating it every one to five years as clinically indicated, documenting pulmonary function (PPD) to assess the presence of latent or active tuberculosis, and assessing and recording whether the patient also is diagnosed with depression;
2. Clinic visits, which should include recording weight, blood glucose, and blood pressure and also conducting an examination of feet and nails;
3. Annual tests, which should include complete urinary analysis, microalbuminuria, lipid profile, eye exam, dental exam, complete foot exam, and screening for neuropathy;
4. Immunization and skin tests, including flu vaccine, vaccination against pneumovax, Td, hepatitis B, and PPD;
5. Special aspects of diabetes care, which include antiplatelet therapy and avoidance of tobacco use;
6. Self-care education, which includes nutrition, diabetes, exercise education as well as self-blood glucose monitoring;
7. Routine health maintenance, including physical exam, pap smear/pelvic exam, breast exam, mammogram, rectal exam and prostate (PSA) and colorectal cancer screening;
8. Pregnancy and diabetes, which includes pre-pregnancy counseling for optimizing metabolic control prior to conception and well as counseling regarding lifestyle modifications that will reduce or delay the development of type 2 diabetes; and
9. Tuberculosis, which includes protocols for testing for latent or active tuberculosis infection and also describes treatment protocols.

Educating Consumers

There is an absence of brochures and pamphlets that describe services provided, hours of operation, availability of specialty clinics, and procedures for making appointments. Not having the information increases the number of walk-ins, creating a burden for the providers as well as crowding in the clinics. Reminder calls could assist in decreasing the number of "no-shows," which result in inefficient use of providers.



CONTRACT HEALTH SUMMARY

Contract Health Service Expenditures

In most Service Units, Contract Health Service Expenditures are growing annually. ACLSU expenditures however, appear to be flat. At the same time the number of cases is declining, indicating that the cost per patient hospitalization is increasing. It may also imply however, that fewer patients are receiving referrals for specialty care. Further investigation would be needed to identify which scenario is more likely to be the case.

At ACLSU CHS expenditures are used to pay for services that may or may not be available directly from IHS and that are purchased under contract from community hospitals and specialty practitioners. CHS services are provided almost exclusively based on a 'priority' system, including Priorities One through Four.

Priority One

In June 2004 budget restrictions nationwide forced the IHS to limit access to CHS health care providers to Priority One—services which are required to prevent immediate death or serious impairments. These are:

- Obstetric and Pediatric Emergencies
- Medical emergencies
- Eye emergencies
- Psychiatric emergencies – up to 14 days
- Dental emergencies
- Renal replacement therapy, including transplant
- Emergency transportation
- Surgical emergencies, including orthopedic and gynecological
- Extra depth shoes with custom-molded inserts that meet specific criteria
- Ears, nose, throat (ENT) surgery required when immediate threat to development of speech language
- Gynecological tubal ligation
- Vasectomies (added August, 2005)

Other services, many of which are preventive or diagnostic in nature, are currently restricted and are not covered for IHS Contract Health Services. These include services designated as Priorities Two, Three, and Four.



Priority Two

Services are required for potentially life-threatening /severe handicapping conditions and to maintain JCAHO accreditation. In the past, most services listed under Priority 2 have been available at IHS direct care facilities; however, loss of personnel who cannot be replaced or loss of services due to budget restrictions have increased the amount of services sent for CHS expenditures, thereby limiting the services covered under IHS criteria. Priority 2 services include:

Laboratory/radiology/nuclear medicine not available onsite
Specialty consultation for acute care diagnosis, cancer, high risk OB, etc.
Backfill for vacant positions in lab, x-ray, pharmacy, as well as physicians, nurses.

- Psychiatric ambulatory and inpatient services
- Non-emergency elective surgery
- Podiatry services – high risk medical
- Prosthetics and appliances

Priority Three

Services contribute to better patient functioning but are not necessarily to prevent death or serious impairment. These include:

- Patient rehabilitation
- Specialty consultation when less than Priority 2
- Hearing aids
- Podiatry / orthopedics – less than Priority 2
- Allergy services
- Preventive medicine / health promotion activities
- Orthodontic services

Priority Four

Services included:

- Long-term residential psychiatric care
- Rehabilitation surgery
- Nonemergency transportation
- Elective surgery–cosmetic

Every Service Unit has the ability to apply third party reimbursements to pay for services, including those listed under Priorities 1, 2, 3 and 4. A Medical Priorities Committee within each Service Unit determines spending plans and authorizes payment for CHS referrals.



The result of these restrictions on expenditures for CHS providers can be devastating. For example, podiatry services are not provided full time, although diabetes is on the rise. If uncontrolled diabetes and poor foot care results in lower limb amputation, the patient may not receive a prosthetic limb if CHS dollars are overspent for the fiscal year. If dental services are restricted and a patient has teeth removed, IHS does not pay for orthodontics (a dental bridge or implant) to help with chewing of food and digestion, which can lead to other digestive complications down the line.

A list of 2003 CHS 'blanket' expenditures of the ACLSU for contracted services is contained in Appendix N (*awaiting data from ACLSU*). If facility usage trends and health indicators continue to change, and the ACL Service Unit continues to outsource medical services, these numbers will increase exponentially.

The top ten reasons for hospitalizations at facilities other than the ACLIH are provided in Appendix O. These services were provided through Contract Health Services and represent individual purchase orders – patients who were admitted either through the emergency room or referred by IHS. In some instances, the services for in-hospital care cannot reasonably be expected to be provided by the ACLIH due to restrictions on its equipment and staffing. Most small hospitals across America are facing similar restrictions and rely on larger regional medical facilities to make the capital investments to treat complicated cases.

Moreover, it was discussed by patients and staff that the Service Unit often runs out of CHS dollars before the end of any given fiscal year. The exhaustion of CHS funds is not confined to ACLSU, however, it is a commonly reported issue throughout IHS and across the country. If referrals are made IHS may not be able to pay for the services rendered until the next fiscal year's budget is in operation.

In some cases across the country contract health providers have refused to see patients because they are due payment. In other cases, ACLSU patients, health board members, and tribal administrations report that individuals are held responsible for payment of medical bills that IHS' CHS has assumed obligation to pay. When payments have not been received by providers in timely manner, individuals are reported to credit bureaus for negligence and their credit rating is negatively affected or sometimes ruined, because IHS has not paid the bill.



Facilities Master Plan

IHS Supportable Space - Health Systems Planning Criteria and Population Mapping

To provide a consistent methodology to determine health care service and facility needs to Native American communities IHS engages a variety of computerized formulas and software that contain population and medical workload data.

Unfortunately these programs do not adequately address medical needs for communities of less than about 1,320 Active Users, with approximately 4,400 primary care provider visits annually.

The Health Systems Planning (HSP) software used by IHS provides population, workload projections, and space requirements for new or remodeled health care facilities. This information is of special interest to planners, and some of it is needed to use the Resource Requirements Methodology (RRM) which determines staffing needs for facilities.

The Health Systems Planning software for ACL Indian Hospital was run with the 2001 Active User population of the ACL Service Unit in addition to Urban Indians.

HSP uses formulas based on Total Primary Care Provider Visits (PCPVs). PCPVs to include physician visits for diagnosis typically seen by Family Practice, Internal Medicine, Pediatric, Obstetric/Gynecology, Tribal Physicians and Mid-Level Practitioners that support these specialties. The consultants used Outpatient visits to more accurately reflect provider workload based on need out of concern that PCPV use would not reflect true need when contract health providers and specialists are commonly used.

To arrive at a workload projection that reflects both the trends of managed care, and the demographic character of the communities served by IHS facilities the following methodology has been applied. The average provider minutes spent per patient seen across the United States for each of the four dominant "primary care specialties":

- Family Practice ----- 19 minutes per patient visit
- Internal Medicine --- 26 minutes per patient visit
- Pediatrics ----- 19 minutes per patient visit
- OB/Gyn ----- 22 minutes per patient visit

These provider time profiles were then weighted according to a statistical average demographic distribution of sample IHS communities to arrive at a “weighted average provider time” per IHS primary care patient visit. The average demographic distributions applied are:

- Family Practice ----- 20%
- Internal Medicine ----- 22%
- Pediatrics ----- 28%
- OB/Gyn ----- 30%

The resulting weighted average provider time per PCPV is 21.5 minutes.

Primary Care Providers perform 1,720 hours per year of direct patient care.

A Primary Care Provider sees patients at 90% efficiency during direct patient care times. Primary Care Providers can accommodate 4,300 PCPVs per year.

Exam Room Quantity

For the HSP each primary care provider is allotted 2 examination rooms for his/her dedicated use, when staffed according to each template’s provider capacity. If exam rooms are not dedicated to a specific individual provider, and are instead scheduled “on demand” (meaning next available patient &/or provider) the template PCPV capacity is increased by one-third.

Resource Requirements Methodology

The IHS’ Resources Requirements Methodology is a system designed to project the staffing needs for a specific facility or primary service area. It is available in a computer spread sheet program to assist with the preparation of staffing estimates. To use the RRM, essential workload information is gathered and entered into the worksheets where it serves as the driving variables for each discipline. The goal of RRM is to help ensure that IHS provides appropriate, reasonable, and consistent staffing information to Congress and Tribes.

The main purpose of the RRM model is to project staffing (in this case to the year 2015) that will be used in the development of Program Justification Documents (PJD), Project Summary Documents (PSD) or tribal requests for technical assistance in the submittal of U.S. Department of Housing and Urban Development Indian Community Block Grant Proposals. Experts in the various disciplines compared staffing ratios with industrial standards in developing the formulas for the program, as well as benchmark information from existing IHS facilities.

The RRM is reviewed periodically and updates are made as they are needed. The current approved version of the RRM is RRM2004, using Active User Population of 2002. Essential elements of the Preliminary RRM prepared for



ACL Indian Hospital are provided in Appendix P. Appendix Q contains the Program Justification Documentation and the Workload Summary for the ACLIH.

The justification for the inclusion of Acute Care Inpatient Beds in a new health care facility is dependent upon the standards and policies set forth in paragraph 4-2.2 of Chapter 2 of the Indian Health Manual.

The number of bed days projected as necessary for a future facility will depend on the service areas age and sex demographics and the following age and sex utilization rates (annual bed days/user) by service:

<u>Medical</u>	<u>Age Group</u>	<u>Male</u>	<u>Female</u>
	15-19	.0524	.0523
	20-24	.0524	.0523
	25-34	.0860	.0626
	35-44	.1318	.0692
	45-54	.2179	.1739
	55-64	.2179	.1739
	65+	.4890	.3936
	Total	.0935	.0795

Total (both sexes): .086

With an average age and sex demographic breakdown, the admission rate is envisioned to be .025 per user. The Average Length of Stay will be 3.68 days.

Facilities Size, Age and Condition

The Facility Data Sheet for the ACLSU facilities includes information from the FEDS Deficiencies list. All of the ACLIH buildings are at least 28 years old. The standard life expectancy of medical facilities is approximately 40 years, meaning that in the private sector these buildings would be almost fully amortized and ready for major renovation.



Preliminary ACLIH Facility Review and Space Summary

(Pending verification)

The ACL Service Unit maintains a small campus of buildings that includes

- 6,240 square foot Warehouse / Maintenance Shop
- 50 unit Living Quarters
- 50, 225 square foot combined inpatient, outpatient, pharmacy, laboratory, mental health, dental, and administration

The ACL Hospital was originally built around 1977, beginning outpatient services in February 1978 and inpatient services in 1980. Housing quarters were completed in August, 1980. Since opening, it has had minor renovations in the outpatient waiting area (in order to comply with HIPPA requirements) and the general storage area has been converted to conference and office spaces.

The Hospital was designed to accommodate 35 inpatient medical/surgical beds and 4 obstetrical beds. At present, only 15 inpatient beds are being utilized and many of the rooms that were designed as inpatient bed rooms are being used for other functions (offices, out patient exam/treatment rooms, eye clinic, physical therapy, etc.). As a result, many of these spaces are inappropriately sized for the functions that they currently house.

As the inpatient workload has contracted, outpatient activity has expanded considerably. This has not only resulted in the conversion of a variety of spaces such as nurseries, locker rooms, utility rooms and bedrooms into outpatient examination/treatment rooms but has created an outpatient clinic operation that is physically fragmented and operationally inefficient. Outpatient services would be more effectively provided if they were concentrated in one area of the Hospital.

The Hospital was built with a Ritual Room that has not been utilized and is presently being used as a conference/ meeting space. However, the room configuration is not well suited for this purpose. Some of the support spaces that were originally provided in the Dental Clinic (eg. office and reception) have been converted into a staff lounge/locker room and an operator in order to accommodate an increasing workload. The office has been relocated to an area that was formerly a conference room across the hall from the clinic.

Neither the Radiology nor the Emergency Departments are located on an exterior wall which would allow for easy expansion. As a result, the Emergency Department has added treatment spaces through the conversion of a supply room and seats for patient waiting are located in a public corridor.



Space Summary (ACL Hospital 2015)

The net and gross areas for the proposed facility are summarized below.

ACL HOSPITAL	Template or Discipline	Net Square Meters	Conversion Factor	Gross Square Meters
ADDITIONAL SERVICES	X01	6.00	1.35	8.10
	X02	20.00	1.35	27.00
	X04	497.40	1.35	671.49
ADMINISTRATION				
Administration	AD	273.00	1.40	382.20
Business Office	BO	142.00	1.40	198.80
Health Information Management	HIM	262.00	1.25	327.50
Information Management	IM	63.00	1.20	75.60
AMBULATORY				
Dental Care	au2	64.30	N/A	81.00
Emergency	dc4	661.20	N/A	983.00
Eye Care	er2	86.20	N/A	219.00
Primary Care	ec2	182.00	N/A	236.00
Primary Care	PC4	499.40	N/A	734.00
ANCILLARY				
Diagnostic Imaging	DI1	89.50	N/A	126.00
Laboratory	LB4	204.50	N/A	227.00
Pharmacy	ph4	259.50	N/A	333.00
Physical Therapy	pt2	252.00	N/A	319.00
BEHAVIORAL				
Mental Health	MH	146.00	1.40	204.40
Social Work	SW	48.00	1.40	67.20
FACILITY SUPPORT				
Clinical Engineering	ce1	39.10	N/A	42.00
Facility Management	fm2	146.20	N/A	164.00
PREVENTIVE				
Environmental Health	EH	55.00	1.40	77.00
Health Education	HE	36.00	1.40	50.40
Public Health Nursing	PHN	194.00	1.40	271.60
Public Health Nutrition	PNT	35.00	1.40	49.00
SUPPORT SERVICES				
Education & Group Consultation	egc2	126.20	1.10	151.00
Education & Group Consultation	EGC	26.00	1.10	28.60
Employee Facilities	EF	233.60	1.20	280.32
Housekeeping & Linen	hl2	46.90	1.10	56.00
Housekeeping & Linen	HL	16.00	1.10	17.60
Property & Supply	ps3	397.50	N/A	459.00
Public Facilities	PF	72.00	1.20	86.40
Department Gross Square Meters				7446.21
Building Circulation & Envelope (.20)				1489.24
Floor Gross Square Meters				8935.45
Major Mechanical SPACE (.12)				1072.25
Building Gross Square Meters				10007.70



Space Summary (Canoncito Health Clinic 2015)

The net and gross areas for the proposed facility are summarized below.

CANONCITO HEALTH CLINIC	Template or Discipline	Net Square Meters	Conversion Factor	Gross Square Meters
ADDITIONAL SERVICES				
	X01	6.00	1.35	8.10
	X03	20.00	1.35	27.00
ADMINISTRATION				
Administration	AD	124.00	1.40	173.60
Business Office	BO	75.00	1.40	105.00
Health Information Management	HIM	94.00	1.25	117.50
Information Management	IM	51.00	1.20	61.20
AMBULATORY				
Emergency	er1	47.40	N/A	82.00
Primary Care	pc1	291.60	N/A	451.00
ANCILLARY				
Pharmacy	ph1	138.00	N/A	168.00
BEHAVIORAL				
Mental Health	MH	66.00	1.40	92.40
Social Work	SW	14.00	1.40	19.60
PREVENTIVE				
Environmental Health	EH	26.00	1.40	36.40
Health Education	HE	16.00	1.40	22.40
Public Health Nursing	PHN	60.00	1.40	84.00
Public Health Nutrition	PNT	9.00	1.40	12.60
SUPPORT SERVICES				
Education & Group Consultation	EGC	14.00	1.10	15.40
Education & Group Consultation	EF	95.60	1.20	114.72
Employee Facilities	hl1	25.50	1.10	28.00
Housekeeping & Linen	HL	16.00	1.10	17.60
Housekeeping & Linen	ps1	149.70	N/A	160.00
Property & Supply	PF	47.00	1.20	56.40
Public Facilities	ph1	138.00	N/A	168.00
Department Gross Square Meters				7446.21
Building Circulation & Envelope (.20)				1489.24
Floor Gross Square Meters				8935.45
Major Mechanical SPACE (.12)				1072.25
Building Gross Square Meters				10007.70





Appendices

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Acoma-Canoncito-Laguna Service Unit

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Appendices

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- Appendix C: ACL Strengths, Weaknesses, Opportunities, Threats
- Appendix D: Points of Contact
- Appendix E: Results of Interviews with Key ACLIH Staff
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- Appendix G: List of additional facilities within 50 miles
- Appendix H-1: Outpatient Visit Volume by Diagnoses (1999 - 2004)
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- Appendix K: Staffing Needs Summary
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- Appendix O: Top 10 CHS In-Patient Diagnoses FY 2000-2003
- Appendix P: Essential Elements of RRM For ACL Hospital (Year 2015)
- Appendix Q: Program Justification Documents (PJD) ACLIH
- Appendix R: Facility Space Utilization Comparisons: 2005 to Projected 2015



Appendix A: Glossary

Glossary of Acronyms

AI	American Indian	JCAHO	Joint Commission on Accreditation of Healthcare Organizations
AN	Alaska Native	MCH	Maternal and Child Health
BIA	Bureau of Indian Affairs	NIHB	National Indian Health Board
CDC	Centers for Disease Control	NPIRS	National Patient Information Reporting System
CHA	Community Health Aide	OHPD	Office of Health Program Development
CHR	Community Health Representative	OTA	Office of Tribal Activities
CHS	Contract Health Services	PCC	Patient Care Component
COPC	Community-Oriented Primary Care	PHS	Public Health Service
DHHS	Department of Health and Human Services	PSA	Primary Service Area
ENT	Ear, Nose, and Throat	RPMS	Resource and Patient Management System
GPRA	Government Performance Reporting Act	RRM	Resource Requirements Methodology
HSP	Health Services Plan		
HUD	Housing & Urban Development		
IHPES	Indian Health Performance Evaluation System		
IHS	Indian Health Service		



Glossary of IHS Terms and Phrases

Active User Population

American Indians and Alaska Natives eligible for IHS services who have used those services at any IHS facility within the past three years. These numbers include all people who have ever registered to use a particular facility. The Active User Population of a Service Unit will reflect tribal members who are enrolled in tribes that belong to that particular Service Unit, regardless of where that person receives care throughout the IHS system nationwide. Active User Population also includes tribal members from tribes outside the Service Unit who have received care at a facility within the particular service unit. These numbers are not adjusted for deaths. It is the measure by which funds are allocated to a specific medical facility within the Service Unit, for both medical services and facilities support.

Area Office

A defined geographic region for Indian Health Service administrative purposes. Each Area Office administers several Service Units. In this case, the Albuquerque Area Office has management and coordination responsibilities for the nine Service Units.

Community Health Representative (CHR)

Indians selected, employed, and supervised by their tribes and trained by IHS to provide specific health care services at the community level.

Contract Health Services

Services not available directly from IHS or tribes that are purchased under contract from community hospitals and practitioners. CHS eligibility requirements: (1) must be a Native American or descendent from a federally-recognized Tribe; (2) must be a permanent resident of the county in which the Service Unit resides.

Government Performance and Results Act (GPRA)

A law requiring federal agencies to demonstrate effective use of funds in meeting their missions. The law requires agencies to have a five-year strategic plan (describing long-term goals) in place and to submit annual performance plans and reports (methods for accomplishing strategic plan using annual budget) with their budget requests.

Health Center

A facility, physically separated from a hospital, with a full range of ambulatory services, including at least primary care physicians, nursing, pharmacy, laboratory, and x-ray, that are available at least 40 hours a week for outpatient care.

Health Systems Plan

The HSP is designed to provide the documents necessary to plan and acquire approval for a medical program and then to communicate the necessary information to an Architect/Engineer for the design of a facility. This data is based on Active User Population and Projected User Population.



Health Station

A facility, physically separated from a hospital and health center, where primary care physician services are available on a regularly scheduled basis but for less than 40 hours a week.

Indian Health Performance Evaluation System (IHPEs)

The IHPEs appraises the quality of care and/or services provided by each participating facility by employing defined and measurable indicators. It is based on the hospital, ambulatory, and demographic information collected by the IHS Resource Patient Management System (RPMS) and provides a mechanism to meet the Joint Commission On Accreditation of Healthcare Organizations (JCAHO) ORYX initiative. The system also is used for the collection and measurement of indicators to meet the requirements of the Government Performance Results Act (GPRA).

Primary Service Area (PSA)

The geographic areas based on proximity in which IHS has responsibilities for planning and distributing health care resources "on or near" reservations; e.g., contract health service delivery areas.

Projected User Population

Based on the percentage of change in the 1990 – 2000 U.S. Census, population of the county where the reservation is located.

Q-Man

Database within RPMS system which contains disease-specific categorization by International Code of Disease (ICD-9).

Resource and Patient Management System (RPMS)

A standardized patient record system used exclusively by IHS to record patient data and provider workload.

Resource Requirements Methodology (RRM)

A computer spreadsheet program that is designed to project the staffing needs for a specific facility or primary service area. Its goal is to help ensure that IHS provides appropriate, reasonable and consistent staffing information to Congress and tribes. Information from the RRM is used in the development of Project Justification Documents (PJD), Project Summary Documents (PSD), or tribal requests for technical assistance in the submittal of HUD Block Grant Proposals.

Service Population

American Indians and Alaska Natives identified to be eligible for IHS services.

Service Unit

The local administrative unit of IHS, defined by geographic characteristics such as proximity of tribes and encompassing a defined Service Population.



Appendix B: Historical Information

Concerning Indian Health Care and the U.S. Commission on Civil Rights' Report: "Broken Promises"

History of Tribes and Medical Services Development

In November 1921, the U.S. Congress passed The Snyder Act (P.L. 94-482) to provide for, among other purposes, the benefit, care, and assistance of Indians throughout the U.S.

The Indian Health Service was created in 1955 to provide health services to Native Americans and Alaska Natives.

Beginning with the Indian Health Care Improvement Act (P.L. 94-437) of 1976, Congress was authorized to appropriate funds specifically for the health care of Indian people.

IHS MISSION: The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

IHS GOAL: To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

FOUNDATION of CARE: To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and culture and to honor and protect the inherent sovereign rights of Tribes.

This Act is considered for reauthorization every five years, providing opportunities for tribes and IHS administration to refine funding priorities in the hopes that Congress will increase appropriations to meet critical facility and service needs.

Annual budget appropriations provide operating revenue for hospitals, clinics, medical professionals, administrative staff, pharmacies, laboratories, and dental, mental health, diabetes education, and contracted health services to medical providers outside of the IHS system.

Three titles of the Indian Health Care Improvement Act (IHCIA) are of particular relevance: Title III, which covers health facilities; Title IV, which covers access to health services; and Title V, which covers health services to urban Indians.



Title III of the IHCIA focuses on ensuring that IHS facilities are fully capable of addressing the needs of the populations they are intended to serve. A number of proposed changes to the Act, as part of the reauthorization process, include consulting with tribes on facilities expenditures – with the goal of truly representing all unmet health care needs – as well as enabling smaller facilities to meet accreditation eligibility requirements for public insurance programs – with the goal of increasing health care services to tribal members. Other proposed changes have to do with increasing funding options to support the provision of health care services.

Title IV focuses on eliminating the barriers – social, logistical, financial – that prevent Indians from gaining access to and receiving public health care and that also limit reimbursement from third-party payers. Proposed changes under the reauthorization process include: authorizing reimbursement to IHS facilities for all Medicare/Medicaid-covered services; waiving all cost-sharing by IHS-eligible patients enrolled in public insurance programs; and waiving Medicare's late enrollment fee.

Title V focuses on improving the health status of urban Indians. Proposed changes focus on enhancing the U.S. Department of Health and Human Services (HHS)' authority to fund urban Indian health programs through a variety of means, such as grants and loans.

Another piece of federal legislation that is relevant to this plan is the Indian Self-Determination Act Amendments of 1994 (P.L. 103-413), which amend the Indian Self-Determination and Education Act (P.L. 93-638), a law giving tribes the authority to contract for the direct operation of programs serving their members. Title I of P.L. 103-413 significantly amends P.L. 93-638 by simplifying contracts entered into between the United States government and Indian tribes and tribal organizations. In particular, regulations published jointly by HHS and the Department of the Interior to implement P.L. 103-413 aimed at greatly reducing the paperwork required of Indian tribes applying to contract with HHS. The contracting process often is referred to in shorthand as the "638 process," in recognition of the original law.

It is important, however, to put these laws into context. Despite a legal and regulatory framework, "persistent discrimination and neglect continue to deprive Native Americans of a health system sufficient to provide health care equivalent to that provided to the vast majority of Americans," state the authors of "Broken Promises: Evaluating the Native American Health Care System." This report, drafted in July 2004 by the U.S. Commission on Civil Rights' Office of the General Counsel, details social, cultural, structural, and financial barriers that both limit Indians' access to health care and contribute to health disparities and also offers recommendations to close the health care gap for Indians, whether living in rural areas or in towns and cities across the United States.



Among the significant themes repeated in “Broken Promises” is the extent to which the health status of Indians is declining in relation to the general population. One finding is particularly relevant and poignant: Type 2 diabetes, once a disease afflicting adults, now is making a dramatic appearance among Indian youth, which only hastens the likely development of other serious and costly complications.

The report also emphasizes the causal relationship between poverty and substandard housing conditions – realities that many Indians face – and serious health effects. “Because Native Americans have the highest poverty and unemployment rates, their health is inevitably compromised,” the report’s authors state. Compounding this situation is another formidable barrier: limited access to health care services. For example, many Indians live in remote areas where roads can become impassable during certain times of the year, transportation is lacking, and facilities are under-equipped to provide diagnoses or services.

One positive step to addressing these and related deficiencies is IHS’ efforts to involve tribes in determining the location of IHS facilities and the kinds of services needed. In addition to the HSFMP, the Facilities Appropriation Advisory Board has provided input to the IHS on development of a facilities prioritization process that will result in a revised methodology for determining funding for facility renovation or replacement.



Appendix C: ACL Strengths, Weaknesses, Opportunities, Threats

ACLSU Overall Strengths, Weaknesses, Opportunities, Threats (Sept 2004)	
STRENGTHS	WEAKNESSES
Provide Emergency Care 24 hours Staffed Pharmacy with drugs Emergency Transport with trained staff Lab folk are cheerful, great, timely response X-ray is efficient, pleasant Hospital is available in community	Overworked Lab / Understaffed Patient to Provider ratio high – too few providers for the # of patients High staff turnover / Bad customer service / Lack of retention efforts Lack of space—providers, exams rooms, office Community Outreach—lack of coordination, cooperation Feeling of territoriality with tribal programs Lack of free transport assist, with chairs Medical records, scheduling appointments Billing—inefficient, backlog, lack of training Lack of administrative accountability Need to identify problems and solutions Feeling of tension within staff affects patients and care Poor Treatment / Attitude Benefits counseling is poor / Inadequate Bad / Lack of follow-up Governing Board is not told the truth about IHS funding and problems Lack of communication with tribe and community Patients feel they can't complain without retaliation Poor communication between IHS providers & specialists Need paved roads. Canoncito clinic overcrowded with programs and staff. Overall poor layout. Improve customer service at Canoncito for patients and staff
OPPORTUNITIES	THREATS
Strengthen community outreach and prevention Increase third party bills	People using hospital / ACL as a stop on the way to casino Gossip or rumors undermine patient care Decreasing funding, downsizing staff, services, facilities Lack of community education re. IHS / Health System problems prevent patient understanding Lack of patient self-responsibility, patient non-compliance and no-shows
Canoncito-Specific Strengths, Weaknesses, Opportunities, Threats	



(Sept 2004)	
STRENGTHS	WEAKNESSES
CANONCITO New facilities in behavioral health New mobile office for diabetes Dedicated community leaders Good administrator who looks out for program Good relationship with staff: They know license levels of EMTs on duty. Staff can speak Navajo and English. Clinic providers dedicated to serving community. 70% of staff from community Implementation of corp./health Communication with IHS is open.	CANONCITO Lack of funding. Demand for services exceeds what can be produced. The influx from Albuquerque and surrounding native communities is negatively impacting services Not maximizing Medicaid, Medicare. Lack of office space for diabetes program, especially exercise Lack of overall infrastructure, young community. Need more training for staff, especially in technology. Need to update training based on all changes in the health field. Need more community participation Administration needs more space. School in flood plain-needs new facility More staff in EMT—at least 3 more to operate at full capacity Need paved roads. Canoncito clinic overcrowded with programs and staff. Overall poor layout. Improve customer service at Canoncito for patients and staff
OPPORTUNITIES	THREATS
CANONCITO New clinic with EMS in plan More space to assist with prevention New casino/economic development for funding source Non-traditional funding sources Move services from ACL to Canoncito Progression of community planning process Three FTE's plus two contract positions in progress for Canoncito in 2005 Health benefits coordinator will be at Canoncito four hours per week. About 40-42 new charts a month help justify funding	CANONCITO No control over influx on Canoncito Dental is especially burdened with influx. (New clinic will have four chairs.) CHS money is threatened-never have enough, owe from previous years. Accidents that happen outside the community are expensive. Equipment needs are never met. Needed \$40K for 2004 and received \$5,900 from HQ. IHS budget cuts. No consistent medical provider reduces continuity of services for patients.



Appendix D: Points of Contact

ACL Service Unit Points of Contact

Name	Title, Organization Facility	Address Mail & Physical Address	Telephone, Fax, Email
Albuquerque Area - Headquarters			
James Toya	Director, ABQ Area IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-8003
Russ Pederson	Director, OEHE IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4275 505/248-4678 rpederson@ihs.abq.gov
Darrell LaRoche	Director, Health Facilities IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4947 dlaroche@ihs.abq.gov
ACL Service Unit Staff			
William Thorne	Chief Executive Officer beginning Sept 2004	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5305 bthorne@abq.ihs.gov
Joe Moquino	Chief Executive Officer to September, 2004	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5305 jmoquino@abq.ihs.gov
Corrina Chavez	Executive Assistant	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5301
Dr. Steve Ryter	Clinical Director ACL Service Unit (until May, 2005)	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552/5300 sryter@ihs.abq.gov
Lydia Begay	Director, Quality Assurance & Risk Mgmt	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5474 lbegay@ihs.abq.gov
Dr. Teresa Makowski, PhD	Director, Psychosocial Services	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5315 tmakowski@ihs.abq.gov
Anna Diedrich	Nursing Executive	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5355 adeidrich@abq.ihs.gov
Melissa Wyaco	Public Health Nursing Services Director	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5324
Barbara Felipe	Chief Administrative Officer	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5303 bfelipe@ihs.abq.gov
Arlene Loy	Inpatient Supervisory Clinical Nurse	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5350 aloy@ihs.abq.gov
Marilyn Sherrod	Utilization Review / Nurse Specialist	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5342 msherrod@ihs.abq.gov
Susie Anaya	Contract Health Services	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5344 sanalla@ihs.abq.gov
Stephen White	Physical Therapy	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5341 swhite@abq.ihs.gov
Charlene Valdo	Medical Records Administrator	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5413 cvaldo@ihs.abq.gov
Dr. William Morningstar, DDS	Chief Dental Officer	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5368
Wil Darwin	Chief Pharmacist	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5393 wdarwin@ihs.abq.gov
Ursula Nickels	Information Specialist	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5378 unickels@ihs.abq.gov
Andre Bernacik	Facility Engineer	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5402 abernacik@ihs.abq.gov
Continued...			
Geneva Coriz	General Supply	ACL Hospital, PO Box	505/552-5338



	Specialist	130, San Fidel, NM 87049	gcoriz@ihs.abq.gov
Eulalia Darwin	Diabetes Nurse Specialist	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5388
Josie Shije	Public Health Nurse	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5324 jshije@ihs.abq.gov
Mary Jane Rewinski	Supervisory Dietitian	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5320 mrewinski@abq.ihs.gov
Dr. Morley Cooper	Optometrist	ACL Hospital, PO Box 130, San Fidel, NM 87049	505/552-5380
ACLSU Health Board			
Cyrus J. Chino	ACL Health Board (Acoma Pueblo)		505/552-9363
Floria Lynn Sarracino	Acoma Diabetes Program		505/552-5127
Edna Kidwell	ACL Health Board (Laguna Pueblo)		505/552-7126
Tonita Sarracino	ACL Health Board (Acoma Pueblo)	Acoma Health Dept PO Box 333 San Fidel, NM 87034	505/552-5145 505/552-5196 tonijade-2004@yahoo.com
Timothy J. Chavez	Division of Environmental Health Services		505/552-6641 505/552-7315 tchavez@abq.ihs.gov
Janene Pena	Acoma Diabetes Program		505/552-5145 jpena19@hotmail.com
Lester Secatero	ACL Health Board - Canoncito Band of Navajo	Proj. Health Inc, PO Box 3302, Tohajiilee, NM	831-6477
John Chavez	ACL Health Board - Canoncito Band of Navajo	CB –HC Sec't/Treasurer PoB 3367	
LeAnn Siow	ACL Health Board Pueblo of Laguna	Pueblo of Laguna PO Box 194 Laguna, NM 87026	505/552-6654 siow@lagunatribe.org
Tohajiilee IHS Master Planning Meeting			
Evelyn Mexicano	MCH Coordinator		
Eyerson Yazzie		224 Paseo Del Volcan 738 Albq., NM 87121	
J Chavez	CB –HC Sec't/Treasurer	PoB 3367	
Jim Platero	Executive Director, Tohajiilee Health Clinic	Box 3398 Tohajiilee, NM 87026	
Julie Benally	Diabetes Coordinator	PO Box #3497 Tohajiilee, NM	836-6658; zbenally@hotmail.com
Kimberly Greenwood		Box 3994, Tohajiilee, NM 87026	
Lester Secatero	Proj. Health Inc.	PO Box 3302, Tohajiilee, NM	831-6477
Mark Begay		Box 3398 Tohajiilee, NM 87026	980-5489
Mary J. Bauera	Clinic Coordinator CHC	Box 3835 Tohajiilee, NM 87026	831-6300
Patrick D. Lynch	TISHS	PO Box 3471	Patrick_d_lynch@hotmail.com



Appendix E: Results of Interviews with Key ACLIH Staff



INSTRUCTIONS:

When constructing and collating the document, please
**REMOVE THIS PAGE and REPLACE it with the separate
document described here:**

**Results of Interviews with Key Staff,
an 11x17" spreadsheet printed separately and folded
accordion style to fit into 8 1/2x11" sized binder**



Appendix F: Clinic Services and Frequency of ACLSU Clinics

During the preparation of this Plan, the hours and services changed for the Service Unit facilities. Therefore, it was determined best not to list this information. For hours and services available, please contact the facility.



Appendix G: List of additional facilities within 50 miles

ACLIH - IHS Area Referral Delivery Plan:

ACL Service Unit, P.O. Box 210, Mescalero, NM 88340

New Sunrise Regional Treatment Center, San Fidel, NM 87049

LIST OF ADDITIONAL FACILITIES WITHIN 50 MILES OF ACL PHS INDIAN HOSPITAL

FACILITIES	CITY	DISTANCE
HOSPITALS		
Cibola General Hospital	Grants	24.7
CLINICS		
Gutierrez Medical Group PA	Grants	16.1
Dialysis Clinic, Inc.	Grants	16.2
Western New Mexico Medical Group	Grants	16.2
New Mexico State Government – V D Information, Children’s Medical Center	Grants	17.0
La Buena Vida, Inc.	Grants	17.4
New Mexico State Government – Public Health Division, Cibola Health Office	Grants	17.7
NURSING & CONVALESCENT HOMES		
Grants Good Samaritan Center	Grants	16.5
Ramah Care Services, Inc./ Sunset Adult Care	Milan	20.8
HOSPICE SERVICES		
Quality Continuum Hospice	Grants	17.3



Appendix H-1: Outpatient Visit Volume by Diagnoses (1999 - 2004)

ACL Hospital Outpatient Visits by Facility by Diagnostic Category (Part 1 of 2) 2004

Group	2004	
	Total	% of Total
ACL HOSPITAL		
Endocrine, nutritional, metabolic diseases, and immunity disorders	6,259	9%
Diseases of the Respiratory System	5,266	7%
Symptoms, Signs, and Ill-defined conditions	3,367	5%
Injury and Poisoning	3,349	5%
Diseases of the Nervous System and Sense Organs	3,325	5%
Mental Disorders	2,932	4%
Diseases of the Circulatory System	2,609	4%
Diseases of the Musculoskeletal and Connective Tissue	2,608	4%
Diseases of the Genitourinary System	1,802	3%
Diseases of the Skin and Subcutaneous Tissue	1,723	2%
Infectious and Parasitic Disease	1,547	2%
Diseases of the Digestive System	1,474	2%
Diseases of the Blood and Blood-Forming Organs	575	1%
Complications of Pregnancy, Childbirth, and the Puerperium	571	1%
Neoplasms	306	0%
Congenital Anomalies	60	0%
Certain Conditions Originating in the Perinatal Period	41	0%
SUBTOTAL	37,814	53%



ACL Hospital
Outpatient Visits by Facility by Diagnostic Category (Part 2 of 2)
2004

Group	2004	
	Total	% of Total
ACL HOSPITAL		
SUBTOTAL	37,814	53%
<i>Other / Supplemental (V Codes)</i>		
Prescriptions	6,907	10%
Dental	6,816	10%
Other Encounter for Administrative Purposes	2,681	4%
PT	1,910	3%
Vaccination	1,734	2%
Lab	1,544	2%
Eye	1,400	2%
Contraception	876	1%
Pregnancy	841	1%
OT	621	1%
Health Education / Instruction	606	1%
Routine Infant or Child Health Check	552	1%
GYN Exam	484	1%
Dietary	458	1%
Long-term (current) use of anticoagulants	402	1%
Ear	373	1%
Other medical exam for admin purposes	316	0%
TB	311	0%
Other person consulting on behalf of another person	307	0%
Aftercare	305	0%
Attention to surgical dressings and sutures	287	0%
PROPHYLACTIC MEASURE NEC	266	0%
Health Exams of Defined Subpops	261	0%
HX OF PAST NONCOMPLIANCE	221	0%
Hepatitis	212	0%
HX-HEALTH HAZARDS NEC	192	0%
Special screening for other specified conditions	186	0%
SCREEN FOR CONDITION NOS	180	0%
Diabetes	173	0%
SP	158	0%
Tetanus-diphtheria [Td] [DT]	138	0%
Other specified family circumstances	119	0%
HEart	111	0%
Other follow-up exam	93	0%
Other specified antenatal screening	92	0%
Housing	73	0%
STD	70	0%
BEREAVEMENT, UNCOMPLICAT	67	0%
AFTRCCE TRAUM FX BONE NEC	59	0%
Kidney	58	0%
Ortho	58	0%
CONSL PARTNER PROB	55	0%
Unspecified prophylactic measure	54	0%
Abuse/Neglect	53	0%
Malignancy	50	0%
Observation	50	0%
Routine postpartum follow-up	48	0%
Other	1,016	1%
SUBTOTAL OTHER / SUPPLEMENTAL	33,844	47%
TOTAL ACL HOSPITAL	71,658	100%



Appendix H-2: Outpatient Visit Volume by Age Group

by Primary, Secondary, Tertiary Diagnoses (1999 - 2004)



FACILITY NAME	Diagnosis #	Diagnostic Category	0	1-14	15-44	45-64	65+	Total		% of Total				
										Diagnostic Group	0	1-14	15-44	45-64
ACL HOSPITAL	Primary	Other / Supplemental	732	5,571	10,639	9,388	7,512	33,842		47%	2%	16%	31%	28%
		Endocrine, nutritional, metabolic diseases, and immunity disorders	11	55	1,070	2,617	2,506	6,259		9%	0%	1%	17%	42%
		Diseases of the Respiratory System	337	1,742	1,839	810	538	5,266		7%	6%	33%	35%	15%
		Symptoms, Signs, and Ill-defined conditions	89	369	1,237	986	686	3,367		5%	3%	11%	37%	29%
		Injury and Poisoning	20	826	1,544	662	297	3,349		5%	1%	25%	46%	20%
		Diseases of the Nervous System and Sense Organs	121	827	879	797	701	3,325		5%	4%	25%	24%	21%
		Mental Disorders		731	1,549	504	149	2,933		4%	0%	25%	53%	17%
		Diseases of the Circulatory System		4	282	859	1,464	2,609		4%	0%	0%	11%	33%
		Diseases of the Musculoskeletal and Connective Tissue		97	971	950	590	2,608		4%	0%	4%	37%	36%
		Diseases of the Genitourinary System	5	86	637	578	496	1,802		3%	0%	5%	35%	32%
		Diseases of the Skin and Subcutaneous Tissue	39	260	641	485	299	1,724		2%	2%	15%	37%	28%
		Infectious and Parasitic Disease	96	601	528	200	122	1,547		2%	6%	39%	34%	13%
		Diseases of the Digestive System	52	178	518	471	255	1,474		2%	4%	12%	35%	32%
		Diseases of the Blood and Blood-Forming Organs	1	11	71	150	342	575	% of Patients with Primary Diagnosis	1%	0%	2%	12%	26%
		Complications of Pregnancy, Childbirth, and the Puerperium		5	563	1	2	571		0%	0%	1%	99%	0%
		Neoplasms		1	89	86	130	306		0%	10%	23%	29%	22%
		Congenital Anomalies	32	14	22	13	5	60		0%	78%	10%	12%	0%
		Certain Conditions Originating in the Perinatal Period		4	5			41		0%	0%	10%	57%	0%
	Primary Total		1,541	11,382	23,084	19,557	16,094	71,658	100%	100%	2%	16%	32%	27%
	Secondary	Endocrine, nutritional, metabolic diseases, and immunity disorders	15	127	1,491	3,303	2,321	7,257		19%	0%	2%	21%	46%
		Other / Supplemental	206	875	2,244	1,817	1,379	6,521		17%	3%	13%	34%	28%
		Diseases of the Circulatory System		4	524	2,045	2,707	5,280		14%	0%	0%	10%	39%
		Diseases of the Respiratory System	116	804	1,050	471	336	2,777		7%	4%	29%	38%	17%
		Symptoms, Signs, and Ill-defined conditions	50	245	869	830	671	2,665		7%	2%	9%	33%	31%
		Diseases of the Musculoskeletal and Connective Tissue		48	742	1,026	820	2,636		7%	0%	2%	28%	31%
		Diseases of the Nervous System and Sense Organs		315	499	717	645	2,176		6%	0%	14%	23%	30%
		Mental Disorders	1	426	1,010	381	112	1,930		5%	0%	22%	52%	20%
		Diseases of the Genitourinary System		33	419	623	689	1,764		5%	0%	2%	24%	35%
		Injury and Poisoning	6	189	618	422	189	1,424		4%	0%	13%	43%	30%
		Diseases of the Skin and Subcutaneous Tissue	33	153	325	338	269	1,118		3%	3%	14%	29%	30%
		Diseases of the Digestive System		87	335	434	254	1,110		3%	0%	8%	30%	39%
		Diseases of the Blood and Blood-Forming Organs	28	128	269	126	73	624		2%	0%	1%	17%	27%
		Infectious and Parasitic Disease	1	3	59	67	102	847	% of Patients with Secondary Diagnosis	1%	0%	21%	43%	20%
		Neoplasms		2	111			113		0%	0%	1%	25%	29%
		Complications of Pregnancy, Childbirth, and the Puerperium		13	32	6	5	56		0%	0%	2%	98%	0%
		Congenital Anomalies		8		1		9		0%	0%	23%	57%	11%
	Secondary Total		456	3,470	10,739	12,839	11,035	38,539	54%	100%	1%	9%	28%	33%
	Tertiary	Diseases of the Circulatory System	2	1	404	1,627	1,900	3,934		21%	0%	0%	10%	41%
		Endocrine, nutritional, metabolic diseases, and immunity disorders	2	41	600	1,450	1,119	3,212		17%	0%	0%	19%	45%
		Other / Supplemental	197	432	886	889	700	3,104		17%	6%	14%	29%	29%
		Symptoms, Signs, and Ill-defined conditions	10	62	420	520	371	1,383		8%	1%	4%	30%	23%
		Diseases of the Musculoskeletal and Connective Tissue	2	12	234	488	464	1,200		7%	0%	1%	20%	38%
		Diseases of the Genitourinary System	1	18	199	331	354	903		5%	0%	2%	22%	37%
		Diseases of the Respiratory System	22	136	287	208	161	814		4%	3%	17%	35%	26%
		Mental Disorders		152	342	220	161	784		4%	0%	19%	35%	20%
		Diseases of the Nervous System and Sense Organs	8	57	130	234	289	718		4%	1%	8%	18%	28%
		Diseases of the Digestive System	3	21	138	244	161	567		3%	1%	1%	24%	43%
		Diseases of the Skin and Subcutaneous Tissue	7	47	111	153	97	377		2%	2%	11%	27%	23%
		Injury and Poisoning	1	45	168	131	63	408		2%	0%	1%	41%	15%
		Diseases of the Blood and Blood-Forming Organs		82	138	171	393	771	% of Patients with Tertiary Diagnosis	2%	0%	1%	21%	35%
		Infectious and Parasitic Disease	7	33	147	94	56	337		2%	2%	10%	14%	28%
		Neoplasms		16	31	31	60	107		1%	0%	0%	15%	56%
		Complications of Pregnancy, Childbirth, and the Puerperium		60				60		0%	0%	0%	100%	0%
		Congenital Anomalies		9		3	2	21		0%	0%	33%	43%	14%
	Tertiary Total		262	1,066	4,233	6,761	6,038	18,360	26%	100%	1%	6%	23%	37%
														33%



Appendix H-3: Top 50 Diagnoses



ACL HOSPITAL

ICD DIAGNOSIS NAME	1999	2004	2004		999-2004
			% of Total	Cum % Total	Change
ISSUE REPEAT PRESCRIPT	7,986	6,907	10%	10%	-14%
DENTAL EXAMINATION	6,854	6,816	10%	19%	-1%
DIAB UNCOMP TYP II/NIDDM	3,624	3,843	5%	25%	6%
ADMINISTRATIVE ENCOUNTER NEC	1,045	2,681	4%	28%	157%
ACUTE URI NOS	1,360	2,054	3%	31%	51%
PHYSICAL THERAPY NEC	1,692	1,910	3%	34%	13%
HYPERTENSION NOS	1,152	1,796	3%	36%	56%
VACCINE AND INOCULA INFLUENZA		1,611	2%	39%	
LABORATORY EXAMINATION	703	1,544	2%	41%	120%
EYE & VISION EXAMINATION	177	1,182	2%	42%	568%
DIAB UNCONTROL, TYPE II	314	718	1%	43%	129%
OTITIS MEDIA NOS	895	640	1%	44%	-28%
ENC TO OCCUPATIONAL THER	6	621	1%	45%	10250%
OTH SPECIFIED COUNSELING	67	606	1%	46%	804%
ASTHMA UNSPECIFIED	711	587	1%	47%	-17%
SUPERVIS OTH NORMAL PREG	890	564	1%	48%	-37%
ROUTINE CHILD HEALTH EXAM	1,257	552	1%	48%	-56%
GYNECOLOGIC EXAMINATION	873	484	1%	49%	-45%
ABDOMINAL PAIN, UNSITE	401	483	1%	50%	20%
REFRACTION DISORDER NOS		475	1%	50%	
CONTRACEPT SURVEILLANCE NEC	426	474	1%	51%	11%
DIETARY SURVEIL/COUNSEL	642	458	1%	52%	-29%
RHEUMATOID ARTHRITIS	177	412	1%	52%	133%
URINARY TRACT INFECTION NOS	328	412	1%	53%	26%
ACUTE PHARYNGITIS	757	406	1%	53%	-46%
CHRONIC RENAL FAILURE	426	405	1%	54%	-5%
CURRENT USE ANTICOAGULANTS	134	402	1%	54%	200%
DEPRESSIVE DISORDER NEC	96	401	1%	55%	318%
BRONCHITIS NOS	338	392	1%	56%	16%
ALLERGIC RHINITIS NOS	261	363	1%	56%	39%
MED EXAM NEC-ADMIN PURP	211	316	0%	57%	50%
PNEUMONIA, ORGANISM NOS	323	309	0%	57%	-4%
HYPOTHYROIDISM NOS	176	308	0%	57%	75%
PERSON CONSULT ANOTHER PERSON		307	0%	58%	
SCREENING-PULMONARY TB	456	304	0%	58%	-33%
UNSPECIFIED VIRAL INFECTIONS	358	297	0%	59%	-17%
ALCOHOL ABUSE-UNSPEC	131	287	0%	59%	119%
ATTENDING SURGEON DRESSING/SUTURE	370	287	0%	59%	-22%
STREP SORE THROAT	210	285	0%	60%	36%
NONINFECTIOUS GASTROENTERITIS NEC	295	275	0%	60%	-7%
CONTRACEPT PILL SURVEILLANCE	77	273	0%	61%	255%
LUMBAGO	194	272	0%	61%	40%
PROPHYLACTIC MEASURE NEC	6	266	0%	61%	4333%
HEALTH EXAM-GROUP SURVEY	576	261	0%	62%	-55%
ANEMIA NOS	85	255	0%	62%	200%
CONJUNCTIVITIS NOS	178	241	0%	62%	35%
CELLULITIS OF LEG	111	225	0%	63%	103%
HISTORY OF PAST NONCOMPLIANCE	461	221	0%	63%	-52%
VACCINE FOR VIRAL HEPATITIS	342	212	0%	63%	-38%
VIRAL ENTERITIS NOS	122	208	0%	64%	70%
All Other	28,517	26,050	36%	100%	-9%
	66,791	71,658	100%		7%

CANONCITO			2004		999-2004
ICD DIAGNOSIS NAME	1999	2004	% of Total	Cum % Total	Change
DENTAL EXAMINATION	1,413	1,431	16%	16%	1%
ADMINISTRATIVE ENCOUNTER NEC	155	543	6%	22%	250%
DIAB UNCOMP TYP II/NIDDM	370	464	5%	27%	25%
ACUTE URI NOS	374	448	5%	32%	20%
ISSUE REPEAT PRESCRIPT	498	385	4%	36%	-23%
VACCINE AND INOCULA INFLUENZA		373	4%	41%	
HYPERTENSION NOS	75	169	2%	42%	125%
REFRACTION DISORDER NOS		169	2%	44%	
ROUTINE CHILD HEALTH EXAM	192	140	2%	46%	-27%
LABORATORY EXAMINATION	105	116	1%	47%	10%
DIAB UNCONTROL, TYPE II	69	113	1%	48%	64%
OTITIS MEDIA NOS	129	109	1%	50%	-16%
HEALTH EXAM-GROUP SURVEY	102	102	1%	51%	0%
HYPOTHYROIDISM NOS	47	101	1%	52%	115%
EYE & VISION EXAMINATION	147	87	1%	53%	-41%
STREP SORE THROAT	31	82	1%	54%	165%
GYNECOLOGIC EXAMINATION	74	77	1%	55%	4%
ASTHMA UNSPECIFIED	60	75	1%	55%	25%
ATTN DEFICIT W HYPERACT	46	73	1%	56%	59%
SCREENING-PULMONARY TB	49	72	1%	57%	47%
SUPERVIS OTH NORMAL PREG	69	71	1%	58%	3%
ALLERGIC RHINITIS NOS	44	69	1%	59%	57%
ACUTE PHARYNGITIS	149	61	1%	59%	-59%
EAR & HEARING EXAM	24	61	1%	60%	154%
UNSPEC VIRAL INFECTIONS	89	60	1%	61%	-33%
CONTRACEPT SURVEILL NEC	69	59	1%	61%	-14%
DERMATITIS NOS	44	59	1%	62%	34%
OTH SPECIFIED COUNSELING	63	56	1%	63%	-11%
DEPRESSIVE DISORDER NEC	12	51	1%	63%	325%
SENSORINEURAL HEAR LOSS NOS	8	48	1%	64%	500%
DIETARY SURVEIL/COUNSEL	29	46	1%	64%	59%
URIN TRACT INFECTION NOS	39	44	0%	65%	13%
BRONCHITIS NOS	47	43	0%	65%	-9%
OTHER CONVULSIONS	31	39	0%	66%	26%
SCREEN FOR CONDITION NOS	62	38	0%	66%	-39%
ABDOMINAL PAIN, UNSITE	30	36	0%	66%	20%
VACCINE FOR VIRAL HEPATIT	168	36	0%	67%	-79%
ANEMIA NOS	21	35	0%	67%	67%
CONJUNCTIVITIS NOS	28	33	0%	68%	18%
ATTEN-SURG DRESSNG/SUTUR	30	31	0%	68%	3%
OSTEOARTHRITIS NOS-UNSPEC	7	31	0%	68%	343%
NONINF GASTROENTERIT NEC	55	30	0%	69%	-45%
CHRONIC SINUSITIS NOS	28	29	0%	69%	4%
IRON DEFIC ANEMIA NOS	1	29	0%	69%	2800%
MED EXAM NEC-ADMIN PURP	30	29	0%	70%	-3%
PNEUMONIA, ORGANISM NOS	44	29	0%	70%	-34%
INGROWING NAIL	20	28	0%	70%	40%
ACNE NEC	16	25	0%	70%	56%
MYALGIA AND MYOSITIS NOS	8	25	0%	71%	213%
SUPERVIS NORMAL 1ST PREG	5	24	0%	71%	380%
All Other	3,289	2,604	29%	100%	-21%
	8,495	8,988	100%		6%

LAGUNA			2004		999-2004
ICD DIAGNOSIS NAME	1999	2004	% of Total	Cum % Total	Change
DENTAL EXAMINATION	2,957	2,618	564%		-11%
VACCINE AND INOCULA INFLUENZA		12	3%		

Appendix I: Questions Presented to Health Board

ACL Service Unit Master Plan Questionnaire Health Board and Tribal Consultation Questions

General Questions for Discussion

1. What characteristics and services of the ACLSU should determine priority for funding?
 - a. Distance to care – how it affects access to care
 - b. Number of patients who actually use the clinic services
 - c. Quality of health & incidence of disease – review historical epidemiology statistics
 - d. Quality of care VS proximity to care -- Are issues of quality of care more or less important than convenience/location of service?
 - e. Others ... ?
2. Which of the services that ACLSU presently refers out, or contracts for services, do you believe could be adequately located in the ACLSU?
3. How can we improve the health care delivery of the ACLSU area? Be specific about improvements.
 - a. How to improve existing services within the hospital/clinic?
 - b. New services within the hospital/clinic?
 - i. What is being considered?
 - ii. What should be considered?
 - c. Improved facilities ?
 - d. New facilities?
 - e. Service Improvements
4. Are there communities or geographic groups of communities that are specifically underserved in relationship to access to primary care at ACLSU?
Please list
5. Should we re-define the communities and the service centers they fall under? Is everyone included?
6. What is the best strategy to provide care for non-ACL enrolled Indians?



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Appendix J: List of Service Prioritization by ACL Health Board



APPENDIX J: ACL

ACL	LEVEL OF CARE BY DISTANCE						
Health Service	Services at ACL Hospital Fulltime	Services at ACL Hospital Part-time	Services at Laguna Fulltime	Services at Laguna Part- time	Services at Canoncito Fulltime	Services at Canoncito Part-time	Services provided within 94 miles or less
PHYSICIAN CARE							
Family Practice	x		x		x		
Internal Medicine	x				x	X	
Pediatric	x			x	x	X	
Gynecology	x			x	x	X	
Dermatology					x		X
Orthopedics		x			x		X
Gerontology	x		x		x		
Ophthalmology	x					X	X
Radiologists		x			x		X
General Surgery		x					X
Otolaryngology							X
Cardiology		x			x		X
Urology		x			x		X
Neurology					x		X
Nephrology		x			x		X
Allergy					x		X
Pulmonology					x		X
Gastroenterology					x		X
Rheumatology					x		X
Oncology					x		X
Traditional Healing	x						
Pediatric Sub-specialties						X	X
Dental	x		X		x	X	
Oral Surgery						X	X
Labor & Delivery – birthing center							X

APPENDIX J: ACL

ACL	LEVEL OF CARE BY DISTANCE						
Health Service	Services at ACL Hospital Fulltime	Services at ACL Hospital Part-time	Services at Laguna Fulltime	Services at Laguna Part- time	Services at Canoncito Fulltime	Services at Canoncito Part-time	Services provided within 94 miles or less
EMERGENCY / ICU							
After Hours Urgent Care	x					X	
Emergency	x						
Ground Ambulance	x		X		x		
Air Ambulances: Rotor	x						X
Air Ambulance: Fixed	x						X
AMBULATORY CARE SERVICES							
Nutrition	x				x		
Optometry	x					X	
Podiatry		x		X		X	
Dialysis	x				x		
Audiology		x				X	
Chiropractic		X					
Acupuncture		X					
BEHAVIORAL HEALTH							
Psychiatry		x				X	
Mental Health	X				x	X	
Social Services	x		X		x	X	
Alcohol/Substance Abuse- After Care, Rehab, Followup	x	x		X		X	
Substance Abuse Transitional Care							X
Medical Detox							X
ELDER CARE							
Skilled Nursing	X		X		X		
Assisted Living						X	X
Hospice					x	X	
Home Health Care					x		

APPENDIX J: ACL

ACL	LEVEL OF CARE BY DISTANCE						
Health Service	Services at ACL Hospital Fulltime	Services at ACL Hospital Part-time	Services at Laguna Fulltime	Services at Laguna Part- time	Services at Canoncito Fulltime	Services at Canoncito Part-time	Services provided within 94 miles or less
WELL BABY/WELL CHILD							
Post partum baby checks	X				x		
Vaccinations	X			X	x		
PREVENTIVE MEDICINE							
Diabetes	x	x			x	X	
Hypertension	x				x		
ANCILLARY SERVICES							
Staffed Pharmacy	x		X			X	
Lab Specimen Collection	x					X	
Clinical Lab	X					X	
Microbiology Lab	X					X	
Anatomical Pathology						X	
X-Rays	X					X	
Ultrasound Level I	x						X
Fluoroscopy		x					
CT							X
MRI							X
Nuclear Medicine							X
Radiation Oncology							X
Medical Oncology (Chemo)							X
Physical Therapy	X				x		
Occupational Therapy		X			x		
Speech Therapy		x					
Respiratory Therapy							X
Outpatient Endoscopy							X
Outpatient Surgery							X
Inpatient Surgery							X

APPENDIX J: ACL

ACL	LEVEL OF CARE BY DISTANCE						
Health Service	Services at ACL Hospital Fulltime	Services at ACL Hospital Part-time	Services at Laguna Fulltime	Services at Laguna Part-time	Services at Canoncito Fulltime	Services at Canoncito Part-time	Services provided within 94 miles or less
WOMEN'S CARE							
Screening Mammography		x		X		X	X
Ultrasound – OB	X					X	
Pap smears	X				x	X	
STD treatment / counseling	X				x		
Birth Control counseling	X				x		
MEN'S CLINICS							
Prostate screening	x				x		
STD treatment / counseling	X				x		
Birth Control counseling		X		X	x	X	
INPATIENT CARE							
Labor & Delivery – low risk							X
Labor & Delivery – high risk							X
Medical Inpatient	X						
Surgical Inpatient							X
Pediatric							X
Intensive Care							X
Sub Acute / Transitional Care							X
Acute Dialysis							X
Adolescent Substance Abuse	X				x		
Adult Substance Abuse					x		X
Psychiatric – low acuity					x		X
Psychiatric – high acuity					x		X

APPENDIX J: ACL

ACL	LEVEL OF CARE BY DISTANCE						
Health Service	Services at ACL Hospital Fulltime	Services at ACL Hospital Part-time	Services at Laguna Fulltime	Services at Laguna Part- time	Services at Canoncito Fulltime	Services at Canoncito Part-time	Services provided within 94 miles or less
OTHER SERVICES							
Case Management	x				x	X	
Environmental Health	X						
Transportation	X				x		X
Public Health Nursing	X				x		
Public Health Nutrition					x		
Health Education	X		X		x		
School Education - dental		x					
OTHER SERVICES (cont)							
School Education - prevention	x		X			X	
After Hour & Weekend clinics		X				X	
Diabetes Clinics	X	X			x	X	
Epidemiology Services							
Coding and Medical Records	X						
Benefits Coordinator	X				x		
Adult and Child Protection, Intervention	x					X	
Endocrinology	x					X	
Patient Advocate / Translator	x						

Appendix K: Staffing Needs Summary



Appendix K: ACLIH Staffing Needs Summary PRELIMINARY & Pending Staff Input

2105 RRM based on Projected Active User Population of 5,147 Patients

2004 User Population	11,385	2004 Non-SFSU Tribal User Population	
2004 Outpatient Visits @ ACLIH (1)	65,122	2004 Laboratory Tests	
2004 Inpatient Visits (1)	324	2004 Laboratory Visits (2)	3,379
2004 Optometry visits (2) @ ACL & CHC	3,699	2004 Dental Visits (2) @ ACL & Laguna	10,973
2004 Pharmacy visits (2) @ ACL + CHC	11,520	2004 Dental Patients	
2004 Prescriptions - new refills (2)		2004 Xray Exams (2)	349
2004 Pharmacy Perscriptions (2)	131,499		

* Information from (1) IHPES (2) RPMS (3) providers and based on observation of use

	2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
INPATIENT CARE					
INPATIENT PHYSICIANS					
Chief of Service				1.22	
GM Physician				1.70	
Peds. Physician				0.00	
OB/GYN Physician				0.00	
Clerical Support				2.13	
Subtotal:	0	0	0	5.05	0
SURGEONS					
General Surgeon		0.5		4.28	
OB/GYN Surgeon				0.00	
Nurse/Midwife				0.00	
Anesthesiologist				2.56	
Subtotal:	0	1	0	6.84	0
NURSING					
Nursing Administration	1			0.00	
Admin. Clerical Support	1			0.00	
GM/SURG-Registered Nurse	6			0.00	
GM/SURG - LPN/Technician	2			0.00	
GM/SURG - Clerical Support				0.00	
PED-Registered Nurse				0.00	
PED-LPN/Technician				0.00	
PED - Clerical Support				0.00	
OB/L&D - Registered Nurse				0.00	
OB/L&D - LPN/Technician				0.00	
OB/L&D - Clerical Support				0.00	
Newborn - LPN/Technician				0.00	
Newborn - Clerical Support				0.00	
Nursery, RN, Fixed				0.00	
Nurse Assistant	7			0.00	
Nursery, Clerical Support				0.00	
ICU, RN				0.00	
ICU, Clerical Support				0.00	
Step-Down Unit, RN				0.00	
Step-Down Unit, LPN				0.00	
Step-Down Unit, Clerical Support				0.00	
OR RN				3.20	
OR, LPN/Technician				1.60	
Post Anesthesia Recovery, RN				1.21	
Ambulatory Surgery, RN				0.00	
Psych-RN, Fixed				0.00	
Psych, LPN/Technician				0.00	
Psych, Clerical Support				0.00	
Quality Improvement Nurse				0.00	
Discharge Planning Nurse				0.00	
Observ. Bed - Registered Nurse				0.00	
Patient Escort, RN				0.00	
Nurse Educator				0.00	
Subtotal:	17	0	0	6.01	0
INPATIENT DEVIATIONS					
Inpatient Pharmacist		0.5		0.00	
Subtotal:	0	0.5	0	0.00	0
SUBTOTAL-Inpatient Services				17.90	

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
AMBULATORY CARE						
EMERGENCY						
	ER/After Hours Staff	1			3.81	
	ER RN Supervisor				1.00	
	ER Medical Clerks				1.63	
	RNs, ER				3.78	
	Subtotal:	1	0	0	10.22	0
AMBULATORY PHYSICIAN						
	Primary Care Provider	5	1.5		10.22	
	Specialty Care Provider	1			0.44	
	Primary Care Provider (CHA/P)				0.00	
	Physician / Medical Assistant	2			0.00	
	Clerical Support	2			2.25	
	Subtotal:	10	1.5	0	12.91	0
AMBULATORY SURGERY						
	General Surgeon				0.00	
	Subtotal:	0	0	0	0.00	0
NURSING AMBULATORY / IN-PATIENT **						
	Nurse Supervisory				1.00	
	Nurse Practitioner	1			1.00	
	Nurse Manager				2.71	
	RN, Core Activities	14			11.86	
	LPN	2			4.00	
	Clerical Support	2			3.77	
	Infection Control Nurse				0.00	
	Nursing Assistant	2			0.00	
	Subtotal:	21	0	0	24.34	0
EYE CARE						
	Optometrist	0.75			2.08	
	Optometric Assistant				1.78	
	Optometric Technician	2			1.78	
	Ophthalmologist				0.00	
	Ophthalmologist Assistant				0.00	
	Subtotal:	2.75	0	0	5.64	0
AUDIOLOGY						
	Audiologist				1.29	
	Audiometric Technician				0.29	
	Subtotal:	0	0	0	1.58	0
PHYSICAL THERAPY						
	Physical Therapist	1	1		2.29	
	Occupational Therapist	1	0			
	Speech Therapist	0.5				
	Subtotal:	2	1	0	2.29	0
CLERICAL POOL						
	PT, Audiology & Eye Care	1	1		1.13	
	Subtotal:	1	1	0	1.13	0
DENTAL						
	Dentist	2.66	1		12.91	
	Dental Assistant	6			25.81	
	Dental Hygienist	2			3.23	
	Clerical Support				3.87	
	Subtotal:	10.66	1	0	45.82	0
AMBULATORY DEVIATIONS & Notes						
	MD - Internist	1			0.00	
	Ambulatory Dev2				0.00	
	Nurse Educator	1			0.00	
	Subtotal:	48.41			0.00	
SUBTOTAL - Ambulatory Clinics		96.82	4.50	0.00	103.93	0.00

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
CLINICAL SUPPORT (ANCILLARY SERVICES)						
LABORATORY						
	Medical Technologist	6			3.40	
	Medical Lab Aid	1			0.00	
	Medical Technician				2.65	
	Subtotal:	7	0	0	6.05	0
PHARMACY						
	Pharmacist	5	1		8.67	
	Pharmacist (CHA/P)				0.00	
	Pharmacy Technician	3			3.28	
	Subtotal:	8	1	0	11.95	0
DIAGNOSTIC IMAGING						
	Imaging Technologist				3.10	
	Imaging Technologist (CHA/P)	3			0.00	
	Subtotal:	3	0	0	3.10	0
MEDICAL RECORDS						
	Medical Records Administrator	1			1.00	
	Medical Records Technician	6			9.89	
	Medical Records Technician (CHA/P)				0.00	
	PCC Supervisor				1.29	
	PCC Data Entry Personnel				5.14	
	PCC Data Entry Personnel (CHA/P)				0.00	
	Coder				4.83	
	Clerks	6	1		0.57	
	Subtotal:	13	1	0	22.72	0
RESPIRATORY THERAPY						
	Respiratory Staff				1.04	
	Subtotal:	0	0	0	1.04	0
CLERICAL POOL						
	Lab, Pharmacy & Imaging	1			1.13	
	Subtotal:	1	0	0	1.13	0
ANCILLARY DEVIATIONS						
	ANCIL_DEV1				0.00	
	ANCIL_DEV2				0.00	
	ANCIL_DEV3				0.00	
	ANCIL_DEV4				0.00	
	Subtotal:	0	0	0	0.00	0
SUBTOTAL - Ancillary Services		32.00	2.00	0.00	45.99	0.00
COMMUNITY HEALTH						
PUBLIC HEALTH NUTRITION						
	Nutritionist / Dietician	1	1		3.52	
	Subtotal:	1	1	0	3.52	0
PUBLIC HEALTH NURSING						
	Public Health Nurse Manager	1			1.00	
	Public Health Nurse	4			13.55	
	Public Health Nurse - School				0.00	
	Clerical Support	1			1.71	
	Subtotal:	6	0	0	16.26	0
HEALTH EDUCATION						
	Diabetes	2				
	Public Health Educator		1		2.68	
	Subtotal:	0	1	0	2.68	0
OFC OF ENVIRONMENTAL HEALTH & ENGRG						
	OEHE RRM				3.00	
	Subtotal:	0	0	0	3.00	0
SUBTOTAL - Community Health					25.46	

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
BEHAVIORAL HEALTH SERVICES						
	MENTAL HEALTH					
	Clinical Psychologists	1.5			5.76	
	Subtotal:	1.5	0	0	5.76	0
	SOCIAL SERVICES					
	MSW Counselor - Outpts	3	1			
	MSW Counselor Inpatient Only				0.28	
	Substance Abuse Specialist	1	1			
	Social Service Staff				3.84	
	Subtotal:	1	1	0	4.12	0
	CLERICAL POOL					
	Behavioral Health				1.13	
	Subtotal:	0	0	0	1.13	0
	RRM DEVIATIONS - COMMUNITY HEALTH					
	Psychiatrist	1	0.5		0.00	
	Mental Health Technician				0.00	
	CM_DEV3				0.00	
	CM_DEV4				0.00	
	CM_DEV5				0.00	
	CM_DEV6				0.00	
	Subtotal:	1	0.5	0	0.00	0
	SUBTOTAL - Behavioral Health Services	3.50	1.50	0.00	11.01	0.00
ADMINISTRATIVE SUPPORT						
	ADMINISTRATION					
	Executive Staff	5			4.09	
	Admin. Support Staff	1			2.00	
	Clinical Director	0.5			1.00	
	Subtotal:	6.5	0	0	7.09	0
	FINANCIAL MANAGEMENT					
	Budget Analyst	1			0.00	
	Subtotal:	1	0	0	0.00	0
	OFFICE SERVICES					
	Office Staff				6.95	
	Subtotal:	0	0	0	6.95	0
	CONTRACT HEALTH SERVICES					
	CHS Staff	2	3		3.25	
	CHS Manager	1			1.00	
	Utilization Review		1		0.65	
	Subtotal:	3	4	0	4.90	0
	BUSINESS OFFICE **					
	Business Manager			1	1.00	
	Patient Registration Tech.	2			3.25	
	Benefit Coordinator	1			2.56	
	Medical Assistant / Techs	7				
	Benefits Coordinator	1				
	Billing Clerk				4.19	
	Subtotal:	11	0	1	11.00	0
	SITE MANAGEMENT/RPMS/MIS					
	Computer Programmer/Analyst	2	4		3.45	
	Subtotal:	2	4	0	3.45	0
	QUALITY MANAGEMENT:					
	Performance Improvement Staff	1			2.32	
	Clerical Support	1	1		0.61	
	Subtotal:	2	1	0	2.93	0
	CENTRAL SUPPLY					
	Central Supply Staff	1	1		6.03	
	Courier / Mail clerk				0.00	
	Subtotal:	1	1	0	6.03	0
	INTERPRETERS					
	Interpreter				0.00	
	Subtotal:	0	0	0	0.00	0
	DRIVERS					
	Driver				2.46	
	Subtotal:	0	0	0	2.46	0
	RRM DEVIATIONS - ADMINISTRATION					
	Bus Office Switchboard				0.00	
	Utilization Management	1	1		0.00	
	Subtotal:	1	1	0	0.00	0
	SUBTOTAL - Administration	26.50	10.00	1.00	44.81	0.00

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
FACILITY SUPPORT						
	HOUSEKEEPING					
	Janitor/Housekeeper	8			14.11	
	Subtotal:	8	0	0	14.11	0
	FACILITY MAINTENANCE					
	Maintenance Staff	8	2		11.34	
	Subtotal:	8	2	0	11.34	0
	CLINICAL ENGINEERING					
	Clinical Engineering Staff	3			2.89	
	Subtotal:	3	0	0	2.89	0
	LAUNDRY					
	Laundry Staff				1.35	
	Subtotal:	0	0	0	1.35	0
	FOOD SERVICES					
	Food Services Staff	8			6.36	
	Subtotal:	8	0	0	6.36	0
	MATERIALS MANAGEMENT					
	Warehouseman				3.64	
	Subtotal:	0	0	0	3.64	0
	STAFF HEALTH					
	Registered Nurse				0.90	
	Clerical Support				0.68	
	Subtotal:	0	0	0	1.58	0
	CLERICAL POOL					
	Facility Support	1			1.13	
	Subtotal:	1	0	0	1.13	0
	SECURITY					
	Security Personnel (housekeeping staff)	4			5.02	
	Subtotal:	4	0	0	5.02	0
	SUBTOTAL - Facility Support	32.00	2.00	0.00	47.42	0.00
EMERGENCY MEDICAL SERVICES						
	EMS					
	EMT-B				0.00	
	EMT-I/P				0.00	
	Clerks				0.00	
	Supervisor				0.00	
	SUBTOTAL - Emergency Medical Services	0.00	0.00	0.00	0.00	0.00
GRAND TOTAL		190.82	20.00	1.00	296.52	0.00

Appendix L: Provider Workload and Facility Need Projected to 2015



Appendix M: ACL Clinic Migration Data

Appendix M includes the following tables:

1. List of Communities Within Service Unit
2. Detailed chart of 2004 Patient Visits which shows the migratory pattern of how members of other tribes and Urban Indians use this Service Unit facilities and services. This data indicates the number of patient visits per tribe within each community receiving care at the Service Unit facilities.
3. Patient Visits by Albuquerque Area Tribe in FY 2004

COMMUNITIES WITHIN ACLSU
ACOMITA
ANZAC
CANONCITO
CASA BLANCA
CUBERO
ENCINAL
GRANTS
LAGUNA-NEW
LAGUNA-OLD
MCCARTYS
MESITA
MILAN
NEW MEXICO UNK
PAGUATE
PARAJE
SAN FIDEL
SAN MATEO
SAN RAFAEL
SEAMA



ACL-Hospital

FY 2004 Patient Visits

Community	Tribe	# of Patient Visits
ACOMA	COMANCHE INDIAN TRIBE, OK	2
	HOPi TRIBE, AZ	15
	MESCALERO APACHE TRIBE, NM	3
	NAVAJO TRIBE, AZ NM AND UT	57
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	6
	NORTHERN CHEYENNE TRIBE, MT	3
	OGLALA SIOUX TRIBE, SD	2
	PUEBLO OF ACOMA, NM	1059
	PUEBLO OF ISLETA, NM	9
	PUEBLO OF LAGUNA, NM	145
	ROSEBUD SIOUX TRIBE, SD	15
	ZUNI TRIBE, NM	5
All Other (tribes with <50 visits at any facility in 2004)		5
ACOMA Total		1326
ACOMITA	ARAPAHO TRIBE,WIND RIVER RES, WY	7
	BLACKFEET TRIBE, MT	4
	CHEROKEE NATION, OK	4
	CHEYENNE RIVER SIOUX TRIBE, SD	1
	CHEYENNE-ARAPAHO TRIBES, OK	82
	COMANCHE INDIAN TRIBE, OK	3
	CREEK NATION, OK	3
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	22
	HO-CHUNK NATION - WISCONSIN	34
	HOPi TRIBE, AZ	115
	JICARILLA APACHE TRIBE, NM	29
	LOWER BRULE SIOUX TRIBE, SD	1
	MESCALERO APACHE TRIBE, NM	24
	MISSISSIPPI BAND CHOCTAW INDIANS, MS	2
	NAVAJO TRIBE, AZ NM AND UT	448
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	66
	NORTHERN CHEYENNE TRIBE, MT	41
	PUEBLO OF ACOMA, NM	14788
	PUEBLO OF ISLETA, NM	54
	PUEBLO OF JEMEZ, NM	105
	PUEBLO OF LAGUNA, NM	863
	PUEBLO OF NAMBE, NM	3
	PUEBLO OF PICURIS, NM	8
	PUEBLO OF SAN FELIPE, NM	77
	PUEBLO OF SAN JUAN, NM	33
	PUEBLO OF SANDIA, NM	21
	PUEBLO OF SANTA ANA, NM	14
	PUEBLO OF SANTA CLARA, NM	10
	PUEBLO OF SANTO DOMINGO, NM	56
	PUEBLO OF TAOS, NM	5
	ROSEBUD SIOUX TRIBE, SD	2
	SEMINOLE NATION, OK	5
	SENECA NATION, NY	8
	SHOSHONE-BANNOCK TRIBES FORT HALL RES, ID	3
	SISSETON WAHPETON OYATE, SD	7
	SOUTHERN UTE TRIBE, CO	41
	TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	15
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	14
	UTE MOUNTAIN TRB, CO NM AND UT	25
	WINNEBAGO TRIBE, NE	2
	ZUNI TRIBE, NM	67
All Other (tribes with <50 visits at any facility in 2004)		34
ACOMITA Total		17146
ALAMO	NAVAJO TRIBE, AZ NM AND UT	30
ALAMO Total		30
ALAMOGORDO	JICARILLA APACHE TRIBE, NM	6
	PUEBLO OF LAGUNA, NM	9
ALAMOGORDO Total		15

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Community	Tribe	# of Patient Visits
ALBUQUERQUE	ARAPAHO TRIBE,WIND RIVER RES, WY	1
	BLACKFEET TRIBE, MT	6
	CADDO TRIBE INDIAN, OK	16
	CHEYENNE RIVER SIOUX TRIBE, SD	19
	CHEYENNE-ARAPAHO TRIBES, OK	6
	CHICKASAW NATION, OK	8
	CHOCTAW NATION, OK	8
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	5
	KIOWA INDIAN TRIBE,OK	1
	MESCALERO APACHE TRIBE, NM	1
	NAVAJO TRIBE, AZ NM AND UT	274
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	118
	OGLALA SIOUX TRIBE, SD	4
	OSAGE TRIBE, OK	1
	PAWNEE INDIAN TRIBE, OK	1
	PUEBLO OF ACOMA, NM	238
	PUEBLO OF ISLETA, NM	1
	PUEBLO OF JEMEZ, NM	2
	PUEBLO OF LAGUNA, NM	381
	PUEBLO OF SAN FELIPE, NM	2
	PUEBLO OF SANTA CLARA, NM	1
	PUEBLO OF SANTO DOMINGO, NM	2
	PUEBLO OF ZIA, NM	1
	SAN CARLOS APACHE TRIBE, AZ	1
	STANDING ROCK SIOUX TRIBE, ND AND SD	1
	WINNEBAGO TRIBE, NE	3
	ZUNI TRIBE, NM	5
	All Other (tribes with <50 visits at any facility in 2004)	4
ALBUQUERQUE Total		1111
ANZAC	CHEROKEE NATION, OK	1
	NAVAJO TRIBE, AZ NM AND UT	5
	PUEBLO OF ACOMA, NM	721
	PUEBLO OF LAGUNA, NM	19
ANZAC Total		746
ARIZONA UNK	NAVAJO TRIBE, AZ NM AND UT	3
ARIZONA UNK Total		3
BACA	HAVASUPAI TRIBE, AZ	2
	NAVAJO TRIBE, AZ NM AND UT	83
	YANKTON SIOUX TRIBE, SD	2
BACA Total		87
BAYFIELD	PUEBLO OF ACOMA, NM	3
BAYFIELD Total		3
BELEN	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
	PUEBLO OF ACOMA, NM	1
	All Other (tribes with <50 visits at any facility in 2004)	2
BELEN Total		5
BERNALILLO	PUEBLO OF ACOMA, NM	2
	PUEBLO OF LAGUNA, NM	1
	PUEBLO OF SANDIA, NM	7
BERNALILLO Total		10
BLUEWATER	NAVAJO TRIBE, AZ NM AND UT	161
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	7
	PUEBLO OF LAGUNA, NM	19
BLUEWATER Total		187
BOSQUE FARMS	PUEBLO OF LAGUNA, NM	1
BOSQUE FARMS Total		1

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Community	Tribe	# of Patient Visits
BREAD SPRGS	NAVAJO TRIBE, AZ NM AND UT	1
BREAD SPRGS Total		1
CALIFORNIA UNK	NAVAJO TRIBE, AZ NM AND UT	1
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	20
	PUEBLO OF LAGUNA, NM	2
CALIFORNIA UNK Total		23
CANONCITO	ARAPAHO TRIBE,WIND RIVER RES, WY	18
	CHOCTAW NATION, OK	2
	CROW TRIBE, MT	18
	JICARILLA APACHE TRIBE, NM	6
	MESCALERO APACHE TRIBE, NM	34
	NAVAJO TRIBE, AZ NM AND UT	4412
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
	PUEBLO OF ISLETA, NM	1
	PUEBLO OF JEMEZ, NM	3
	PUEBLO OF LAGUNA, NM	56
	PUEBLO OF SAN FELIPE, NM	8
	PUEBLO OF TAOS, NM	42
	ROSEBUD SIOUX TRIBE, SD	2
	SHOSHONE TRIBE WIND RIVER RES, WY	1
	SPOKANE TRIBE, WA	15
	WHITE MOUNTAIN APACHE TRB, AZ	4
	YANKTON SIOUX TRIBE, SD	7
CANONCITO Total		4631
CARLSBAD	DUCKWATER SHOSHONE TRIBE, NV	1
	All Other (tribes with <50 visits at any facility in 2004)	3
CARLSBAD Total		4
CASA BLANCA	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	22
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	9
	HOPI TRIBE, AZ	126
	KIOWA INDIAN TRIBE,OK	5
	MESCALERO APACHE TRIBE, NM	14
	NAVAJO TRIBE, AZ NM AND UT	272
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	8
	PUEBLO OF ACOMA, NM	337
	PUEBLO OF COCHITI, NM	17
	PUEBLO OF ISLETA, NM	15
	PUEBLO OF JEMEZ, NM	17
	PUEBLO OF LAGUNA, NM	3972
	PUEBLO OF SAN FELIPE, NM	14
	PUEBLO OF SANDIA, NM	25
	PUEBLO OF SANTO DOMINGO, NM	37
	UTE MOUNTAIN TRB, CO NM AND UT	1
	WICHITA INDIAN TRIBE, OK	8
	ZUNI TRIBE, NM	9
CASA BLANCA Total		4908
CHINLE	NAVAJO TRIBE, AZ NM AND UT	6
CHINLE Total		6
CHURCHROCK	NAVAJO TRIBE, AZ NM AND UT	3
CHURCHROCK Total		3
COCHITI	PUEBLO OF ACOMA, NM	1
	PUEBLO OF LAGUNA, NM	4
COCHITI Total		5

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Community	Tribe	# of Patient Visits
COLORADO UNK	NAVAJO TRIBE, AZ NM AND UT	1
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	3
	PUEBLO OF LAGUNA, NM	2
COLORADO UNK Total		6
CORRALES	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	5
	PUEBLO OF ACOMA, NM	12
	PUEBLO OF LAGUNA, NM	9
	SEMINOLE NATION, OK	7
CORRALES Total		33
CROWNPOINT	NAVAJO TRIBE, AZ NM AND UT	120
CROWNPOINT Total		120
CUBA	NAVAJO TRIBE, AZ NM AND UT	12
CUBA Total		12
CUBERO	CHOCTAW NATION, OK	10
	COMANCHE INDIAN TRIBE, OK	3
	HO-CHUNK NATION - WISCONSIN	8
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	28
	PUEBLO OF ACOMA, NM	23
	PUEBLO OF LAGUNA, NM	197
	WINNEBAGO TRIBE, NE	19
	ZUNI TRIBE, NM	6
CUBERO Total		294
DULCE	CHEYENNE-ARAPAHO TRIBES, OK	1
	JICARILLA APACHE TRIBE, NM	1
	PUEBLO OF LAGUNA, NM	1
DULCE Total		3
EDGEWOOD	JICARILLA APACHE TRIBE, NM	1
	NAVAJO TRIBE, AZ NM AND UT	5
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	3
EDGEWOOD Total		9
EL PASO	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	6
EL PASO Total		6
ENCINAL	CROW TRIBE, MT	5
	HAVASUPAI TRIBE, AZ	38
	HOPI TRIBE, AZ	3
	JICARILLA APACHE TRIBE, NM	4
	NAVAJO TRIBE, AZ NM AND UT	3
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
	PUEBLO OF ACOMA, NM	44
	PUEBLO OF COCHITI, NM	1
	PUEBLO OF LAGUNA, NM	1372
ENCINAL Total		1474
FARMINGTON	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF LAGUNA, NM	5
FARMINGTON Total		6
FORT WINGATE	NAVAJO TRIBE, AZ NM AND UT	13
FORT WINGATE Total		13
FT.DEFIANCE	NAVAJO TRIBE, AZ NM AND UT	6
FT.DEFIANCE Total		6
GALLUP	CHEROKEE NATION, OK	1
	EASTERN SHAWNEE TRIBE, OK	10
	HOPI TRIBE, AZ	1
	NAVAJO TRIBE, AZ NM AND UT	35
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
	PUEBLO OF LAGUNA, NM	11
GALLUP Total		62
GAMERCO	NAVAJO TRIBE, AZ NM AND UT	1
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
GAMERCO Total		3
GANADO	NAVAJO TRIBE, AZ NM AND UT	7
GANADO Total		7

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Community	Tribe	# of Patient Visits
GLORIETA	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF LAGUNA, NM	1
GLORIETA Total		2
GRANTS	CHEROKEE NATION, OK	105
	CHEYENNE RIVER SIOUX TRIBE, SD	2
	CHEYENNE-ARAPAHO TRIBES, OK	5
	CHIPPEWA-CREE INDIANS, ROCKY BOY RES, MT	1
	CHOCTAW NATION, OK	85
	CREEK NATION, OK	18
	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	2
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	20
	HOPI TRIBE, AZ	11
	MESCALERO APACHE TRIBE, NM	15
	MOORETOWN RANCHERIA MAIDU IND, CA	3
	NAVAJO TRIBE, AZ NM AND UT	1549
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	76
	OMAHA TRIBE, NE	1
	PAIUTE-SHOSHONE IND BISHOP COMM, CA	3
	PUEBLO OF ACOMA, NM	934
	PUEBLO OF ISLETA, NM	2
	PUEBLO OF LAGUNA, NM	767
	PUEBLO OF SANTA ANA, NM	47
	PUEBLO OF SANTO DOMINGO, NM	5
	QUAPAW TRIBE, OK	43
	ROSEBUD SIOUX TRIBE, SD	25
	SHOSHONE TRIBE WIND RIVER RES, WY	17
	TANANA, NATIVE VILLAGE OF TANANA	71
	TLINGIT & HAIDA INDIANS OF ALASKA	24
	TOHONO O'ODHAM NATION, AZ (FORMERLY PAPAGO)	55
	WHITE MOUNTAIN APACHE TRB, AZ	8
	YANKTON SIOUX TRIBE, SD	1
	YAVAPAI-APACHE IND COMM, AZ	3
	ZUNI TRIBE, NM	5
	All Other (tribes with <50 visits at any facility in 2004)	23
GRANTS Total		3926
HAYSTACK	NAVAJO TRIBE, AZ NM AND UT	56
HAYSTACK Total		56
IGNACIO	PUEBLO OF ACOMA, NM	1
	PUEBLO OF LAGUNA, NM	1
IGNACIO Total		2
ISLETA PUEBL	PUEBLO OF ACOMA, NM	1
	PUEBLO OF ISLETA, NM	14
	PUEBLO OF LAGUNA, NM	4
ISLETA PUEBL Total		19
JEMEZ PUEBLO	PUEBLO OF ACOMA, NM	1
	PUEBLO OF JEMEZ, NM	17
	PUEBLO OF LAGUNA, NM	1
JEMEZ PUEBLO Total		19

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Community	Tribe	# of Patient Visits
LAGUNA-NEW	CHEROKEE NATION, OK	3
	CHEYENNE-ARAPAHO TRIBES, OK	4
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	4
	HOPI TRIBE, AZ	70
	JICARILLA APACHE TRIBE, NM	60
	MESCALERO APACHE TRIBE, NM	6
	NAVAJO TRIBE, AZ NM AND UT	127
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	26
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	1
	PUEBLO OF ACOMA, NM	208
	PUEBLO OF COCHITI, NM	13
	PUEBLO OF ISLETA, NM	17
	PUEBLO OF JEMEZ, NM	23
	PUEBLO OF LAGUNA, NM	3805
	PUEBLO OF SAN FELIPE, NM	2
	PUEBLO OF SANTA CLARA, NM	9
	PUEBLO OF TAOS, NM	8
	SAC AND FOX TRIBE, OK	4
	YAVAPAI-APACHE IND COMM, AZ	3
LAGUNA-NEW Total		4393
LAGUNA-OLD	ARAPAHO TRIBE,WIND RIVER RES, WY	1
	CHEYENNE-ARAPAHO TRIBES, OK	9
	CHOCTAW NATION, OK	14
	COMANCHE INDIAN TRIBE, OK	8
	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	1
	HOPI TRIBE, AZ	60
	JICARILLA APACHE TRIBE, NM	15
	MESCALERO APACHE TRIBE, NM	21
	NAVAJO TRIBE, AZ NM AND UT	154
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
	ONEIDA TRIBE OF INDIANS, WI	2
	PUEBLO OF ACOMA, NM	126
	PUEBLO OF COCHITI, NM	17
	PUEBLO OF JEMEZ, NM	16
	PUEBLO OF LAGUNA, NM	6334
	PUEBLO OF PICURIS, NM	5
	PUEBLO OF SAN FELIPE, NM	52
	PUEBLO OF SAN JUAN, NM	38
	PUEBLO OF SANDIA, NM	1
	PUEBLO OF SANTA ANA, NM	25
	PUEBLO OF SANTO DOMINGO, NM	12
	PUEBLO OF TAOS, NM	5
	SEMINOLE NATION, OK	3
	STANDING ROCK SIOUX TRIBE, ND AND SD	5
	TURTLE MOUNTAIN BAND CHIPPEWA, ND	1
	ZUNI TRIBE, NM	5
	All Other (tribes with <50 visits at any facility in 2004)	32
LAGUNA-OLD Total		6964
LAS CRUCES	NAVAJO TRIBE, AZ NM AND UT	1
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF ACOMA, NM	2
LAS CRUCES Total		4
LAS VEGAS	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	3
	PUEBLO OF LAGUNA, NM	2
LAS VEGAS Total		5
LOS LUNAS	CREEK NATION, OK	2
	NAVAJO TRIBE, AZ NM AND UT	6
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	11
	PUEBLO OF LAGUNA, NM	16
LOS LUNAS Total		35
MAGDALENA	NAVAJO TRIBE, AZ NM AND UT	4
MAGDALENA Total		4

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Community	Tribe	# of Patient Visits
MCCARTYS	CHEYENNE RIVER SIOUX TRIBE, SD	1
	HOPI TRIBE, AZ	4
	NAVAJO TRIBE, AZ NM AND UT	131
	PUEBLO OF ACOMA, NM	4623
	PUEBLO OF ISLETA, NM	17
	PUEBLO OF JEMEZ, NM	20
	PUEBLO OF LAGUNA, NM	403
	PUEBLO OF SAN FELIPE, NM	3
	PUEBLO OF ZIA, NM	4
	SISSETON WAHPETON OYATE, SD	39
	STANDING ROCK SIOUX TRIBE, ND AND SD	11
	ZUNI TRIBE, NM	23
MCCARTYS Total		5279
MENTMORE	HOPI TRIBE, AZ	2
	NAVAJO TRIBE, AZ NM AND UT	1
MENTMORE Total		3
MESCALERO OS	PUEBLO OF LAGUNA, NM	3
MESCALERO OS Total		3
MESITA	ARAPAHO TRIBE,WIND RIVER RES, WY	2
	COLORADO RIVER INDIANS, AZ AND CA	61
	CREEK NATION, OK	27
	HOPI TRIBE, AZ	109
	HUALAPAI TRIBE, AZ	49
	MESCALERO APACHE TRIBE, NM	2
	NAVAJO TRIBE, AZ NM AND UT	133
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF ACOMA, NM	91
	PUEBLO OF ISLETA, NM	6
	PUEBLO OF JEMEZ, NM	27
	PUEBLO OF LAGUNA, NM	4930
	PUEBLO OF POJOAQUE, NM	6
	PUEBLO OF SAN ILDEFONSO, NM	4
	PUEBLO OF SAN JUAN, NM	29
	PUEBLO OF SANTA ANA, NM	10
	PUEBLO OF SANTO DOMINGO, NM	12
	PUEBLO OF ZIA, NM	1
	ROSEBUD SIOUX TRIBE, SD	4
	SALT RIVER PIMA-MARICOPA IND COMM, AZ	7
	SAN CARLOS APACHE TRIBE, AZ	8
	THREE AFFILIATED TRIBES, HIDATSA, ND	34
	TURTLE MOUNTAIN BAND CHIPPEWA, ND	3
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	13
	WHITE MOUNTAIN APACHE TRB, AZ	5
	YANKTON SIOUX TRIBE, SD	9
	YAVAPAI-APACHE IND COMM, AZ	5
	ZUNI TRIBE, NM	8
MESITA Total		5596
MILAN	CHEROKEE NATION, OK	56
	CHOCTAW NATION, OK	3
	NAVAJO TRIBE, AZ NM AND UT	600
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	7
	OGALA SIOUX TRIBE, SD	10
	PUEBLO OF ACOMA, NM	105
	PUEBLO OF COCHITI, NM	24
	PUEBLO OF LAGUNA, NM	30
	STANDING ROCK SIOUX TRIBE, ND AND SD	5
MILAN Total		840
NEW MEXICO UNK	CHEROKEE NATION, OK	4
	NAVAJO TRIBE, AZ NM AND UT	3
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	53
	PUEBLO OF COCHITI, NM	27
	PUEBLO OF JEMEZ, NM	1
	PUEBLO OF LAGUNA, NM	40
	ZUNI TRIBE, NM	6
NEW MEXICO UNK Total		134

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Community	Tribe	# of Patient Visits
PAGUATE	CHEYENNE RIVER SIOUX TRIBE, SD	1
	CHOCTAW NATION, OK	5
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	3
	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	1
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	6
	HOPI TRIBE, AZ	15
	JICARILLA APACHE TRIBE, NM	9
	KICKAPOO TRIBE, KS	3
	KICKAPOO TRIBE, TX	24
	MESCALERO APACHE TRIBE, NM	17
	NAVAJO TRIBE, AZ NM AND UT	151
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	5
	PUEBLO OF ACOMA, NM	121
	PUEBLO OF ISLETA, NM	7
	PUEBLO OF JEMEZ, NM	25
	PUEBLO OF LAGUNA, NM	3552
	PUEBLO OF NAMBE, NM	18
	PUEBLO OF SANDIA, NM	2
	PUEBLO OF SANTO DOMINGO, NM	36
	PUEBLO OF TAOS, NM	16
	TOHONO O'ODHAM NATION, AZ (FORMERLY PAPAGO)	3
	ZUNI TRIBE, NM	21
All Other (tribes with <50 visits at any facility in 2004)		1
PAGUATE Total		4042
PARAJE	HOPI TRIBE, AZ	52
	NAVAJO TRIBE, AZ NM AND UT	50
	PUEBLO OF ACOMA, NM	63
	PUEBLO OF ISLETA, NM	1
	PUEBLO OF LAGUNA, NM	1746
PARAJE Total		1912
PERALTA	NAVAJO TRIBE, AZ NM AND UT	18
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
PERALTA Total		19
PICURIS	OMAHA TRIBE, NE	1
PICURIS Total		1
PINEHILL	NAVAJO TRIBE, AZ NM AND UT	3
PINEHILL Total		3
POJOAQUE	SHOSHONE TRIBE WIND RIVER RES, WY	1
POJOAQUE Total		1
PREWITT	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	1
	NAVAJO TRIBE, AZ NM AND UT	847
	PUEBLO OF ACOMA, NM	1
	PUEBLO OF JEMEZ, NM	2
	PUEBLO OF LAGUNA, NM	48
PREWITT Total		899
RAMAH RESERV	NAVAJO TRIBE, AZ NM AND UT	25
RAMAH RESERV Total		25
REHOBOTH	NAVAJO TRIBE, AZ NM AND UT	2
REHOBOTH Total		2
RIO ARRIBA	JICARILLA APACHE TRIBE, NM	2
RIO ARRIBA Total		2
RIO RANCHO	NAVAJO TRIBE, AZ NM AND UT	13
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	6
	PONCA TRIBE, OK	3
	PUEBLO OF ACOMA, NM	11
	PUEBLO OF LAGUNA, NM	32
RIO RANCHO Total		65
ROSEWELL	PUEBLO OF ACOMA, NM	1
ROSEWELL Total		1
RUIDOSO	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
RUIDOSO Total		1
SAN FELIPE	PUEBLO OF ACOMA, NM	1
	PUEBLO OF SAN FELIPE, NM	1
SAN FELIPE Total		2

ACL-Hospital

Community	Tribe	# of Patient Visits
SAN FIDEL	MESCALERO APACHE TRIBE, NM	2
	NAVAJO TRIBE, AZ NM AND UT	15
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	31
	PUEBLO OF ACOMA, NM	29
	PUEBLO OF ISLETA, NM	1
	PUEBLO OF LAGUNA, NM	89
	PUEBLO OF SANTO DOMINGO, NM	1
	ROSEBUD SIOUX TRIBE, SD	6
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	9
	ZUNI TRIBE, NM	5
	All Other (tribes with <50 visits at any facility in 2004)	15
SAN FIDEL Total		203
SAN JUAN	PUEBLO OF SAN JUAN, NM	1
SAN JUAN Total		1
SAN RAFAEL	CHEROKEE NATION, OK	17
	CHOCTAW NATION, OK	9
	HOPi TRIBE, AZ	5
	NAVAJO TRIBE, AZ NM AND UT	11
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
	PUEBLO OF ACOMA, NM	2
	PUEBLO OF ISLETA, NM	1
	PUEBLO OF LAGUNA, NM	10
	All Other (tribes with <50 visits at any facility in 2004)	3
SAN RAFAEL Total		60
SAN YSIDRO	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	3
SAN YSIDRO Total		3
SANDERS	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
SANDERS Total		1
SANT DOMINGO	PUEBLO OF LAGUNA, NM	1
	PUEBLO OF SANTO DOMINGO, NM	1
SANT DOMINGO Total		2
SANTA ANA	PUEBLO OF ACOMA, NM	2
	PUEBLO OF SANTA ANA, NM	2
SANTA ANA Total		4
SANTA FE	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
	PUEBLO OF ACOMA, NM	8
	PUEBLO OF LAGUNA, NM	11
SANTA FE Total		21
SEAMA	COLORADO RIVER INDIANS, AZ AND CA	28
	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	6
	HOPi TRIBE, AZ	69
	MESCALERO APACHE TRIBE, NM	3
	NAVAJO TRIBE, AZ NM AND UT	150
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	9
	PUEBLO OF ACOMA, NM	100
	PUEBLO OF ISLETA, NM	1
	PUEBLO OF LAGUNA, NM	3455
	PUEBLO OF PICURIS, NM	22
	PUEBLO OF SAN ILDEFONSO, NM	20
	PUEBLO OF SANTA ANA, NM	28
	PUEBLO OF SANTO DOMINGO, NM	16
	RED LAKE BAND OF CHIPPEWA, MN	9
	SALT RIVER PIMA-MARICOPA IND COMM, AZ	22
	SAN CARLOS APACHE TRIBE, AZ	17
	SEMINOLE NATION, OK	3
	TOHONO O'ODHAM NATION, AZ (FORMERLY PAPAGO)	25
	All Other (tribes with <50 visits at any facility in 2004)	25
SEAMA Total		4008

ACL-Hospital

Community	Tribe	# of Patient Visits
SHIPROCK	NAVAJO TRIBE, AZ NM AND UT	3
	PUEBLO OF LAGUNA, NM	3
SHIPROCK Total		6
SOCORRO	NAVAJO TRIBE, AZ NM AND UT	9
SOCORRO Total		9
TAOS	NAVAJO TRIBE, AZ NM AND UT	2
TAOS Total		2
TAOS PUEBLO	PUEBLO OF LAGUNA, NM	1
TAOS PUEBLO Total		1
TESUQUE	PUEBLO OF ACOMA, NM	18
TESUQUE Total		18
TEXAS UNK	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	16
	PUEBLO OF LAGUNA, NM	2
TEXAS UNK Total		18
THOREAU	NAVAJO TRIBE, AZ NM AND UT	239
	PUEBLO OF ACOMA, NM	1
THOREAU Total		240
TIJERAS	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
TIJERAS Total		1
TORREON	NAVAJO TRIBE, AZ NM AND UT	4
TORREON Total		4
TOWAOC UTE	UTE MOUNTAIN TRB, CO NM AND UT	12
TOWAOC UTE Total		12
UNKNOWN	CHEYENNE RIVER SIOUX TRIBE, SD	1
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
UNKNOWN Total		5
VALNCIA CO O	NAVAJO TRIBE, AZ NM AND UT	1
VALNCIA CO O Total		1
WINDOW ROCK	NAVAJO TRIBE, AZ NM AND UT	13
WINDOW ROCK Total		13
YA TA HEY	NAVAJO TRIBE, AZ NM AND UT	1
YA TA HEY Total		1
ZIA	PUEBLO OF ZIA, NM	1
ZIA Total		1
ZUNI PUEBLO	PUEBLO OF ACOMA, NM	21
	ZUNI TRIBE, NM	36
ZUNI PUEBLO Total		57
All Other (communities with <50 visits at any facility in 2004)		402
Total		71658

ACL-Canoncito

FY 2004 Patient Visits

Community	Tribe	# of Patient Visits
ACOMA	NAVAJO TRIBE, AZ NM AND UT	2
	PUEBLO OF ACOMA, NM	4
	PUEBLO OF LAGUNA, NM	1
ACOMA Total		7
ACOMITA	NAVAJO TRIBE, AZ NM AND UT	38
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF ACOMA, NM	48
	PUEBLO OF JEMEZ, NM	1
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	3
ACOMITA Total		91
ALAMO	NAVAJO TRIBE, AZ NM AND UT	4
ALAMO Total		4
ALBUQUERQUE	ARAPAHO TRIBE,WIND RIVER RES, WY	3
	BLACKFEET TRIBE, MT	6
	CHICKASAW NATION, OK	3
	CROW TRIBE, MT	1
	MANDAN,THREE AFFIL TRBS, FT BERTHOLD RS,ND	1
	NAVAJO TRIBE, AZ NM AND UT	299
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	14
	OGALA SIOUX TRIBE, SD	3
	PUEBLO OF ACOMA, NM	3
	PUEBLO OF LAGUNA, NM	14
	PUEBLO OF SAN FELIPE, NM	1
	TLINGIT & HAIDA INDIANS OF ALASKA	2
	TURTLE MOUNTAIN BAND CHIPPEWA, ND	1
	All Other (tribes with <50 visits at any facility in 2004)	4
ALBUQUERQUE Total		355
ANZAC	PUEBLO OF ACOMA, NM	12
ANZAC Total		12
BELEN	PUEBLO OF ACOMA, NM	1
BELEN Total		1
BLUEWATER	NAVAJO TRIBE, AZ NM AND UT	4
	PUEBLO OF LAGUNA, NM	3
BLUEWATER Total		7
CANONCITO	ARAPAHO TRIBE,WIND RIVER RES, WY	5
	CROW TRIBE, MT	36
	JICARILLA APACHE TRIBE, NM	24
	MESCALERO APACHE TRIBE, NM	82
	NAVAJO TRIBE, AZ NM AND UT	7744
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	7
	OGALA SIOUX TRIBE, SD	11
	PRAIRIE BAND POTAWATOMI, KS	2
	PUEBLO OF ACOMA, NM	11
	PUEBLO OF ISLETA, NM	5
	PUEBLO OF JEMEZ, NM	3
	PUEBLO OF LAGUNA, NM	53
	PUEBLO OF SAN FELIPE, NM	7
	PUEBLO OF TAOS, NM	9
	ROSEBUD SIOUX TRIBE, SD	5
	SAN CARLOS APACHE TRIBE, AZ	2
	SHOSHONE TRIBE WIND RIVER RES, WY	2
	SPOKANE TRIBE, WA	38
	WHITE MOUNTAIN APACHE TRB, AZ	24
	YANKTON SIOUX TRIBE, SD	13
	All Other (tribes with <50 visits at any facility in 2004)	2
CANONCITO Total		8085

ACL-Canoncito

Community	Tribe	# of Patient Visits
CASA BLANCA	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF ACOMA, NM	8
	PUEBLO OF LAGUNA, NM	19
CASA BLANCA Total		28
CORRALES	NAVAJO TRIBE, AZ NM AND UT	5
	PUEBLO OF LAGUNA, NM	1
CORRALES Total		6
CROWNPOINT	NAVAJO TRIBE, AZ NM AND UT	3
CROWNPOINT Total		3
CUBERO	PUEBLO OF LAGUNA, NM	4
CUBERO Total		4
DULCE	NAVAJO TRIBE, AZ NM AND UT	2
DULCE Total		2
ENCINAL	PUEBLO OF LAGUNA, NM	6
ENCINAL Total		6
GANADO	NAVAJO TRIBE, AZ NM AND UT	1
GANADO Total		1
GRANTS	NAVAJO TRIBE, AZ NM AND UT	4
	PUEBLO OF LAGUNA, NM	1
GRANTS Total		5
LAGUNA-NEW	KEWEENAW BAY IND COMM, CHIPPEWA, MI	4
	NAVAJO TRIBE, AZ NM AND UT	14
	PUEBLO OF LAGUNA, NM	12
LAGUNA-NEW Total		30
LAGUNA-OLD	NAVAJO TRIBE, AZ NM AND UT	17
	PUEBLO OF LAGUNA, NM	51
LAGUNA-OLD Total		68
LAS VEGAS	PUEBLO OF LAGUNA, NM	2
LAS VEGAS Total		2
LOS LUNAS	NAVAJO TRIBE, AZ NM AND UT	2
	PUEBLO OF LAGUNA, NM	9
LOS LUNAS Total		11
MAGDALENA	NAVAJO TRIBE, AZ NM AND UT	2
MAGDALENA Total		2
MCCARTYS	PUEBLO OF ACOMA, NM	29
MCCARTYS Total		29
MESCALERO OS	NAVAJO TRIBE, AZ NM AND UT	1
MESCALERO OS Total		1
MESITA	NAVAJO TRIBE, AZ NM AND UT	8
	PUEBLO OF ACOMA, NM	7
	PUEBLO OF LAGUNA, NM	27
	PUEBLO OF SANTO DOMINGO, NM	1
	ROSEBUD SIOUX TRIBE, SD	2
MESITA Total		45
MILAN	NAVAJO TRIBE, AZ NM AND UT	8
MILAN Total		8
PAGUATE	JICARILLA APACHE TRIBE, NM	2
	PUEBLO OF LAGUNA, NM	11
PAGUATE Total		13
PARAJE	PUEBLO OF LAGUNA, NM	14
PARAJE Total		14
PREWITT	NAVAJO TRIBE, AZ NM AND UT	7
PREWITT Total		7

ACL-Canoncito

Community	Tribe	# of Patient Visits
RAMAH RESERV	NAVAJO TRIBE, AZ NM AND UT	14
RAMAH RESERV Total		14
REHOBOTH	NAVAJO TRIBE, AZ NM AND UT	7
REHOBOTH Total		7
RIO RANCHO	NAVAJO TRIBE, AZ NM AND UT	35
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
	PUEBLO OF LAGUNA, NM	3
RIO RANCHO Total		40
RUIDOSO	NAVAJO TRIBE, AZ NM AND UT	1
RUIDOSO Total		1
SEAMA	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF LAGUNA, NM	22
	TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	1
SEAMA Total		24
SOCORRO	NAVAJO TRIBE, AZ NM AND UT	10
SOCORRO Total		10
THOREAU	NAVAJO TRIBE, AZ NM AND UT	13
THOREAU Total		13
UNKNOWN	NAVAJO TRIBE, AZ NM AND UT	3
UNKNOWN Total		3
WINDOW ROCK	NAVAJO TRIBE, AZ NM AND UT	7
WINDOW ROCK Total		7
All Other (communities with <50 visits at any facility in 2004) Total		22
Total Patient Visits from Communities with <7 Visits in 2004		133
Total		8988

ACL-Laguna

FY 2004 Patient Visits

Community	Tribe	# of Patient Visits
ACOMA	PUEBLO OF ACOMA, NM	8
	PUEBLO OF LAGUNA, NM	1
ACOMA Total		9
ACOMITA	HO-CHUNK NATION - WISCONSIN	1
	NAVAJO TRIBE, AZ NM AND UT	4
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
	PUEBLO OF ACOMA, NM	290
	PUEBLO OF LAGUNA, NM	43
	SENECA NATION, NY	2
ACOMITA Total		344
ALBUQUERQUE	CREEK NATION, OK	1
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	6
	NAVAJO TRIBE, AZ NM AND UT	10
	PUEBLO OF ACOMA, NM	26
	PUEBLO OF LAGUNA, NM	104
ALBUQUERQUE Total		147
ANZAC	PUEBLO OF ACOMA, NM	16
	PUEBLO OF LAGUNA, NM	3
ANZAC Total		19
CANONCITO	NAVAJO TRIBE, AZ NM AND UT	11
CANONCITO Total		11
CASA BLANCA	HOPI TRIBE, AZ	2
	MESCALERO APACHE TRIBE, NM	1
	NAVAJO TRIBE, AZ NM AND UT	12
	PUEBLO OF ACOMA, NM	17
	PUEBLO OF LAGUNA, NM	218
CASA BLANCA Total		250
CORRALES	PUEBLO OF ACOMA, NM	5
CORRALES Total		5
CUBERO	PUEBLO OF LAGUNA, NM	1
CUBERO Total		1
ENCINAL	HOPI TRIBE, AZ	4
	PUEBLO OF ACOMA, NM	1
	PUEBLO OF COCHITI, NM	1
	PUEBLO OF LAGUNA, NM	87
ENCINAL Total		93
GRANTS	NAVAJO TRIBE, AZ NM AND UT	6
	PUEBLO OF ACOMA, NM	29
	PUEBLO OF LAGUNA, NM	23
	TOHONO O'ODHAM NATION, AZ (FORMERLY PAPAGO)	2
GRANTS Total		60
ISLETA PUEBL	NAVAJO TRIBE, AZ NM AND UT	2
	PUEBLO OF LAGUNA, NM	2
ISLETA PUEBL Total		4
LAGUNA-NEW	JICARILLA APACHE TRIBE, NM	2
	NAVAJO TRIBE, AZ NM AND UT	7
	PUEBLO OF ACOMA, NM	7
	PUEBLO OF LAGUNA, NM	188
LAGUNA-NEW Total		204
LAGUNA-OLD	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	1
	HOPI TRIBE, AZ	1
	MESCALERO APACHE TRIBE, NM	3
	NAVAJO TRIBE, AZ NM AND UT	4
	PUEBLO OF ACOMA, NM	5
	PUEBLO OF LAGUNA, NM	372
	PUEBLO OF SAN FELIPE, NM	6
	PUEBLO OF SAN JUAN, NM	1
	PUEBLO OF SANTA ANA, NM	5
	All Other (tribes with <50 visits at any facility in 2004)	6
LAGUNA-OLD Total		404

ACL-Laguna

Community	Tribe	# of Patient Visits
LOS LUNAS	NAVAJO TRIBE, AZ NM AND UT	1
LOS LUNAS Total		1
MCCARTYS	HOPI TRIBE, AZ	2
	NAVAJO TRIBE, AZ NM AND UT	7
	PUEBLO OF ACOMA, NM	97
	PUEBLO OF LAGUNA, NM	12
	PUEBLO OF SAN FELIPE, NM	2
MCCARTYS Total		120
MESITA	HOPI TRIBE, AZ	5
	NAVAJO TRIBE, AZ NM AND UT	8
	PUEBLO OF ACOMA, NM	15
	PUEBLO OF ISLETA, NM	1
	PUEBLO OF LAGUNA, NM	301
MESITA Total		330
NEW MEXICO UNK	PUEBLO OF LAGUNA, NM	3
NEW MEXICO UNK Total		3
PAGUATE	NAVAJO TRIBE, AZ NM AND UT	14
	PUEBLO OF ACOMA, NM	2
	PUEBLO OF ISLETA, NM	1
	PUEBLO OF LAGUNA, NM	215
	TOHONO O'ODHAM NATION, AZ (FORMERLY PAPAGO)	1
	All Other (tribes with <50 visits at any facility in 2004)	1
PAGUATE Total		234
PARAJE	HOPI TRIBE, AZ	1
	NAVAJO TRIBE, AZ NM AND UT	3
	PUEBLO OF ACOMA, NM	3
	PUEBLO OF LAGUNA, NM	115
PARAJE Total		122
PREWITT	NAVAJO TRIBE, AZ NM AND UT	6
	PUEBLO OF LAGUNA, NM	9
PREWITT Total		15
RAMAH RESERV	PUEBLO OF LAGUNA, NM	1
RAMAH RESERV Total		1
RIO RANCHO	PUEBLO OF ACOMA, NM	9
	PUEBLO OF LAGUNA, NM	9
RIO RANCHO Total		18
SAN FIDEL	PUEBLO OF LAGUNA, NM	1
SAN FIDEL Total		1
SEAMA	NAVAJO TRIBE, AZ NM AND UT	5
	PUEBLO OF ACOMA, NM	16
	PUEBLO OF LAGUNA, NM	202
	PUEBLO OF SAN ILDEFONSO, NM	3
	PUEBLO OF SANTO DOMINGO, NM	1
	SALT RIVER PIMA-MARICOPA IND COMM, AZ	1
SEAMA Total		228
SOCORRO	PUEBLO OF LAGUNA, NM	1
SOCORRO Total		1
All Other (communities with <50 visits at any facility in 2004) Total		5
Total		2630

ACL

2004 Patient Visits by Albuquerque Area Tribe

The following chart indicates the facilities where tribal members of this Service Unit have counted as Active Users in the past three years.

FISCAL YEAR 2004

TRIBE	FACILITY NAME	Total
PUEBLO OF ACOMA, NM	ACL HOSPITAL	23,717
	ALBUQUERQUE HOSPITAL	2,874
	SANTA FE HOSPITAL	678
	LAGUNA H CT	546
	ALBUQUERQUE INDIAN DENTAL CLINIC	462
	ZUNI HO	274
	ISLETA HEALTH CENTER	166
	CANONCITO HS	123
	SOUTHERN UTE HEALTH CENTER	105
	TAOS-PICURIS HEALTH CENTER	78
	MESCALERO HO	59
	SANDIA H.STA	55
	DULCE HEALTH CENTER	52
	SANTO DOMINGO HST	42
	SANTA ANA HS	28
	JEMEZ HEALTH CENTER	21
	SAN FELIPE HS	20
	PINE HILL HC	19
	SANTA CLARA HC	16
	COCHITI H.ST	11
	UTE MOUNTAIN UTE HEALTH CENTER	9
PUEBLO OF ACOMA, NM Total		29,355
PUEBLO OF LAGUNA, NM	ACL HOSPITAL	32,376
	ALBUQUERQUE HOSPITAL	6,403
	LAGUNA H CT	1,916
	SANTA FE HOSPITAL	1,232
	ISLETA HEALTH CENTER	985
	ALBUQUERQUE INDIAN DENTAL CLINIC	744
	ZUNI HO	373
	TAOS-PICURIS HEALTH CENTER	263
	CANONCITO HS	254
	SANTA CLARA HC	221
	DULCE HEALTH CENTER	195
	MESCALERO HO	104
	SANTO DOMINGO HST	100
	SANDIA H.STA	99
	JEMEZ HEALTH CENTER	93
	SANTA ANA HS	81
	UTE MOUNTAIN UTE HEALTH CENTER	59
	ALAMO HL CENTER	41
	SOUTHERN UTE HEALTH CENTER	38
	SAN FELIPE HS	27
	PINE HILL HC	26
	ZIA HLT.STA	15
	COCHITI H.ST	2
	PICURIS H L	1
PUEBLO OF LAGUNA, NM Total		45,648

Appendix N: Contract Health Services

“Blanket” Expenditures for Contracted Services

ACL - CHS Expenditures Report			
Blanket Purchase Orders & Name	Location	Service Provided	Annual Cost
FY 2000			
Synergy		Optometrist	\$110,120
Eye Associates		Optomology Svcs.	\$62,740
Surgical		Dr. Lujan	\$69,120
Cibola Sport/Physical		OT/Speech	\$66,560
National Clinical		Ultrasound	\$67,285
ACL Teen Ctr.		Services to youth	\$65,780
Victory Royal Express		Dialysis Transportation	\$64,780
FY 2004			
Staff Care Gov't		ER physicians services	\$56,774
Professional Medical Staff		ER physicians services	\$75,770
National Clinical		Ultrasound	\$99,492
Victory Royal Express		Dialysis Transportation	\$64,415
X-Ray Associates of New Mexico	Albuquerque, NM	Diagnostic imaging	
Presbyterian MRI Center		Diagnostic imaging	
Quest Diagnostics		Surgical Pathology	
RehobothMcKinley Christian Health Care Services	ACL Hospital & Gallup, NM	Dialysis Services	
RehobothMcKinley Christian Health Care Services	Gallup, NM	Hospital & Mental Health Services	
Dr. Michael Pincus	Visiting Prof / Contract	Podiatry	
Podiatry Associates of New Mexico		Podiatry	
Presbyterian Healthcare Services	Albuquerque, NM	Inpatient Hospital	
Presbyterian Kaseman Hospital	Albuquerque, NM	Inpatient Hospital	
Presbyterian Northside Hospital	Albuquerque, NM	Day Surgery	

Continued...



ACL - CHS Expenditures Report			
Blanket Purchase Orders & Name	Location	Service Provided	Annual Cost
FY 2004 (continued)			
New Mexico Orthopedics	Albuquerque, NM	Orthopedic services	
New Mexico Heart Institute	Albuquerque, NM	Thoracic & Cardio surgery	
New Mexico Orthopedic Associates	Albuquerque, NM	Orthopedic services	
Kindred Hospital - Albuquerque	Albuquerque, NM	Outpatient services	
Dr. Paul Legant	Albuquerque, NM	Orthopedic Surgery	
Happy Feet	Albuquerque, NM	Pedonthic services	
Healthsouth Rehabilitation Hospital	Albuquerque, NM	Acute rehabilitation	
Heart Hospital of New Mexico	Albuquerque, NM	Outpatient services	
Gerald D. Champion Regional Center	Alamagordo, NM	In/Outpatient services	
Affiliated Imaging Center	Albuquerque, NM	MRI Services	
AHS New Mexico Holdings, Inc	Albuquerque, NM	In/Outpatient services, rehabilitation, skilled nursing, home health care	
AHS Albuquerque Medical Center, LLC	Albuquerque, NM	Inpatient Psychiatry	
Albuquerque Ambulatory Eye Surgery	Albuquerque, NM	Ophthalmic Surgery	
Anesthesia Associates of New Mexico	Albuquerque, NM	Anesthesia	
Cibola General Hospital	Grants, NM	In/Outpatient services	
Michael Cohn, DPM	Albuquerque, NM	Podiatry	
Conns Extra Step Shoes	Albuquerque, NM	Pedonthic services	
Cross Oxygen Deliver	Albuquerque, NM	Oxygen	
Eye Associates of New Mexico	Albuquerque, NM	Ophthalmology	
Eye Institute of New Mexico	Albuquerque, NM	Ophthalmology - Optometry	
Ambulance services provided by the Acoma, Canoncito & Laguna Tribes is currently on administrative hold. Services are for FY 2000-2004.			



Appendix O: Top 10 CHS In-Patient Diagnoses 2000-2003

The following charts list the diagnoses, the number of cases, and the amounts billed / received for cases utilizing CHS funds within the Service Unit tribes.



FISCAL YEAR 2000

ACOMA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 235,418.41	\$ 233,708.51	\$ 125,632.77	\$ 108,075.74	105
PAROX VENTRIC TACHYCARD	154,202.28	47,289.59	2,074.67	45,214.92	3
CHOLELITH W OTH CHOLECYS	39,588.42	19,154.46	5,971.09	13,183.37	7
POSTINFLAM PULM FIBROSIS	30,739.81	12,451.43	-	12,451.43	1
LIPOMA SKIN FACE	12,425.00	12,425.00	-	12,425.00	1
ADJUST CARDIAC PACEMAKER	55,074.97	27,807.37	16,793.18	11,014.19	2
RENAL HYPERT NOS&FAILURE	18,650.00	12,225.59	1,494.02	10,731.57	5
MANIC-DEPRESSIVE NEC	9,625.00	9,625.00	-	9,625.00	1
CONG DEF CLOT FACTOR NEC	26,708.31	9,429.74	-	9,429.74	2
HEMATOMA COMPL A PROCEDU	11,813.00	9,312.27	-	9,312.27	1
	\$ 594,245.20	\$ 393,428.96	\$ 151,965.73	\$ 241,463.23	128

FISCAL YEAR 2001

ACOMA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 285,266.46	\$ 279,481.63	\$ 225,255.07	\$ 54,226.56	138
PULMONARY EOSINOPHILIA	123,424.00	38,622.54	-	38,622.54	1
REHABILITATION PROC NEC	79,849.65	35,211.24	7,032.72	28,178.52	2
INFC D/T ORTH DEVICE NEC	42,733.09	24,149.02	-	24,149.02	2
COMB DRUG DEP NEC-UNSPEC	20,915.00	20,915.00	-	20,915.00	1
CORNARY ATHERO-NATV VESL	52,373.00	20,697.50	-	20,697.50	2
MALIGNANT NEO COLON NOS	27,575.35	21,168.42	1,919.62	19,248.80	10
ALCOHOL CIRRHOSIS LIVER	42,978.15	16,695.00	-	16,695.00	1
BLADDER/URETHRA INJ-CLOS	51,882.62	16,695.00	-	16,695.00	1
CHOLELITH W OTH CHOLECYS	34,382.50	20,253.53	3,987.06	16,266.47	6
	\$ 761,379.82	\$ 493,888.88	\$ 238,194.47	\$ 255,694.41	164

FISCAL YEAR 2002

ACOMA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 273,204.26	\$ 265,753.58	\$ 206,025.63	\$ 59,727.95	316
OTH SPEC POSTOP COMP NEC	32,552.50	33,533.54	11,716.40	21,817.14	4
KIDNEY INJURY NOS-CLOSED	75,877.20	20,390.00	-	20,390.00	1
OPEN WND HIP/THIGH-COMPL	21,840.45	20,390.00	-	20,390.00	3
AC PYELONEPHRITIS NOS	18,643.05	16,848.99	-	16,848.99	1
FX C6 VERTEBRA-CLOSED	42,785.52	14,273.00	-	14,273.00	2
FX SHAFT FIB W TIB-CLOS	14,136.21	12,234.00	-	12,234.00	10
VITREOUS HEMORRHAGE	21,923.33	10,834.85	-	10,834.85	1
MALIGNANT NEO COLON NOS	11,861.78	10,154.89	-	10,154.89	2
OSTEOARTHROS NOS-PELVIS	30,763.20	9,529.32	-	9,529.32	1
	\$ 543,587.50	\$ 413,942.17	\$ 217,742.03	\$ 196,200.14	341

FISCAL YEAR 2003

ACOMA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 959,842.27	\$ 345,214.62	\$ 263,120.83	\$ 82,093.79	190
ALCOHOL CIRRHOSIS LIVER	120,368.36	59,131.00	-	59,131.00	2
CHOLELITH W OTH CHOLECYS	62,706.50	41,282.96	7,699.37	33,583.59	7
PYELONEPHRITIS NOS	25,804.56	29,930.42	-	29,930.42	2
COMP D/T RENAL DIALY DEV	203,225.43	58,526.20	32,110.88	26,415.32	20
DIAB W MANIF NEC TYPE II	53,584.04	32,173.60	6,524.00	25,649.60	4
REHABILITATION PROC NEC	49,423.16	22,544.20	-	22,544.20	2
CVA	31,076.03	17,240.91	-	17,240.91	1
2 DEG BURN BACK OF HAND	14,899.89	16,312.00	-	16,312.00	1
ATRIOVENT BLOCK COMPLETE	31,127.13	12,084.32	-	12,084.32	2
	\$ 1,552,057.37	\$ 634,440.23	\$ 309,455.08	\$ 324,985.15	231

FISCAL YEAR 2000

CANONCITO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
PELV FX-CLOS/PELV DISRUP	\$ 20,127.51	\$ 20,405.00	\$ -	\$ 20,405.00	1
SEVERE PREECLAMP-DELIVER	3,794.95	5,565.00	-	5,565.00	1
CHOLELITH W OTH CHOLECYS	16,338.99	10,082.51	8,160.41	1,922.10	1
PNEUMONIA, ORGANISM NOS	1,194.62	670.90	-	670.90	1
INJURY OF FACE & NECK	667.00	383.53	-	383.53	1
LOWER LEG INJURY NOS	102.00	64.98	-	64.98	1
	\$ 42,225.07	\$ 37,171.92	\$ 8,160.41	\$ 29,011.51	6

FISCAL YEAR 2001

CANONCITO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
SURG COMPLIC-GI TRACT	\$ 11,935.70	\$ 3,710.00	\$ -	\$ 3,710.00	1
UNILAT INGUINAL HERNIA	3,714.61	2,643.97	-	2,643.97	1
RUQ ABDOMINAL PAIN	246.00	152.89	-	152.89	1
TEAR LAT MENISC KNEE-CUR	864.00	536.11	447.88	88.23	1
CHEST PAIN NEC	302.00	167.61	107.21	60.40	1
	\$ 17,062.31	\$ 7,210.58	\$ 555.09	\$ 6,655.49	5

FISCAL YEAR 2002

CANONCITO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHOLELITH W OTH CHOLECYS	\$ 5,399.75	\$ 3,355.95	\$ -	\$ 3,355.95	1
FX CERVICAL VERT NOS-CL	3,386.73	3,221.90	-	3,221.90	1
ABDOMINAL PAIN-SITE NEC	1,124.50	726.84	-	726.84	1
LOOSE BODY-UP/ARM	1,224.00	703.82	-	703.82	1
CHOLELITH / AC CHOLECYST	11,042.02	8,978.81	8,367.77	611.04	1
POST DISLOC ELBOW-CLOSED	665.00	382.38	-	382.38	1
	\$ 22,842.00	\$ 17,369.70	\$ 8,367.77	\$ 9,001.93	6

FISCAL YEAR 2003

CANONCITO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHOLELITH W OTH CHOLECYS	\$ 6,301.56	\$ 4,509.19	\$ -	\$ 4,509.19	1
HEMATURIA	2,454.05	1,513.67	-	1,513.67	1
SPON ABORT UNCOMPL-COMP	1,443.61	890.42	-	890.42	1
ACUTE APPENDICITIS NOS	6,290.44	4,414.32	3,713.18	701.14	1
NONINF GASTROENTERIT NEC	910.00	549.10	-	549.10	1
RUQ ABDOMINAL PAIN	268.00	161.71	-	161.71	1
SYNCOPE AND COLLAPSE	242.00	146.02	-	146.02	1
OTHER CONVULSIONS	220.00	112.09	-	112.09	1
	\$ 18,129.66	\$ 12,296.52	\$ 3,713.18	\$ 8,583.34	8

FISCAL YEAR 2000

LAGUNA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 296,198.83	\$ 290,506.80	\$ 169,624.57	\$ 120,882.23	158
FX LEGS W ARM/RIB-CLOSED	54,312.49	86,871.00	-	86,871.00	5
ALCOHOL CIRRHOSIS LIVER	130,677.37	46,425.78	9,647.25	36,778.53	4
REHABILITATION PROC NEC	88,069.99	49,556.56	12,925.26	36,631.30	3
FX FEMUR SHAFT-CLOSED	71,362.81	27,825.00	-	27,825.00	1
ALVEOL PNEUMONOPATHY NEC	85,563.80	25,100.45	-	25,100.45	1
COMP D/T RENAL DIALY DEV	77,666.98	24,932.14	6,420.47	18,511.67	7
CHOLELITH W OTH CHOLECYS	30,045.50	20,167.47	1,697.10	18,470.37	5
MANIC-DEPRESSIVE NEC	15,750.00	15,750.00	-	15,750.00	1
INFLAM/TOX NEUROPTHY NEC	20,924.00	14,840.00	-	14,840.00	1
	\$ 870,571.77	\$ 601,975.20	\$ 200,314.65	\$ 401,660.55	186

FISCAL YEAR 2001

LAGUNA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
ACUTE PANCREATITIS	\$ 116,473.28	\$ 89,035.80	\$ 7,313.90	\$ 81,721.90	5
CHRONIC RENAL FAILURE	331,055.39	328,740.00	256,685.59	72,054.41	196
CHOLELITH W OTH CHOLECYS	74,520.55	34,015.58	3,249.98	30,765.60	10
AORTIC VALVE DISORDER	44,748.86	25,335.93	-	25,335.93	2
DIVERTICULITIS OF COLON	22,859.42	22,856.92	-	22,856.92	1
FX HUMERUS SHAFT-OPEN	43,788.10	18,550.00	-	18,550.00	1
SUBEND INFARC-INIT EPISD	74,242.76	27,202.23	11,607.65	15,594.58	4
ALCOH DEP NEC/NOS-UNSPEC	10,221.65	14,500.00	-	14,500.00	1
ACUTE APPENDICITIS NOS	20,957.00	13,895.10	-	13,895.10	3
SURG COMPLIC-GI TRACT	22,410.50	27,559.36	13,976.52	13,582.84	2
	\$ 761,277.51	\$ 601,690.92	\$ 292,833.64	\$ 308,857.28	225

FISCAL YEAR 2002

LAGUNA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 341,669.97	\$ 274,905.69	\$ 190,657.25	\$ 84,248.44	156
CL BASE FX IC HEM - NEC	151,258.85	65,248.00	-	65,248.00	1
SUBARACH HEM-COMA NOS	47,220.93	28,640.00	-	28,640.00	1
PNEUMONIA, ORGANISM NOS	80,370.48	28,155.58	4,722.20	23,433.38	4
MUSCLE/LIGAMENT DIS NEC	87,868.88	18,961.28	-	18,961.28	2
GASTROINTEST HEMORR NOS	54,192.03	17,399.65	136.72	17,262.93	6
TRAUM PNEUMOTHORAX-CLOSE	22,913.82	16,312.00	-	16,312.00	1
SPLENOMEGALY	29,691.55	16,249.07	-	16,249.07	1
CELLULITIS OF LEG	30,362.60	15,901.19	-	15,901.19	6
MAL NEO UPPER LOBE LUNG	28,215.00	15,395.38	-	15,395.38	1
	\$ 873,764.11	\$ 497,167.84	\$ 195,516.17	\$ 301,651.67	179

FISCAL YEAR 2003

LAGUNA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 678,546.20	\$ 250,202.19	\$ 184,512.21	\$ 65,689.98	160
ACUTE PANCREATITIS	54,621.15	39,532.52	-	39,532.52	5
CHOLELITH W OTH CHOLECYS	64,966.00	37,579.55	-	37,579.55	7
DIVERTICULITIS OF COLON	56,839.97	31,915.44	-	31,915.44	2
POISONING-HEROIN	50,984.31	29,999.57	-	29,999.57	2
INFC D/T ORTH DEVICE NEC	44,309.00	25,451.80	-	25,451.80	2
BRONCHUS INJURY-CLOSED	82,765.75	25,050.32	-	25,050.32	1
ALCOHOL CIRRHOSIS LIVER	107,362.38	22,013.32	-	22,013.32	3
PYREXIA UNKNOWN ORIGIN	14,635.00	21,424.99	937.42	20,487.57	5
AC ALCOHOLIC HEPATITIS	60,813.03	18,232.87	-	18,232.87	3
	\$ 1,215,842.79	\$ 501,402.57	\$ 185,449.63	\$ 315,952.94	190

Appendix P: Essential Elements of RRM For ACL Hospital (Year 2015)



RRM FACILITY IDENTIFICATION INFORMATION

(USER INPUT ARE IN YELLOW CELLS, BLUE CELLS WILL OVERRIDE FORMULAS)

1.	HSP Project Name:			
2.	Facility Name:		ACL HOSPITAL (2015MP)	
3.	Contact:			
	Telephone No:			
4.	Area - Name		ALBUQUERQU	
5.	Service Unit - Name		ACL	
	- Code			
6.	Facility - Code			
	Type of Facility		Hospital	
				TOTAL RRM STAFFING:
				296.00
	FACILITY SPACE ESTIMATES		Metric (m²):	
	Calculated Space Estimate:		10,700	m²
7.	In-Patient Treatment Space:		671	m²
8.	Ambulatory Treatment Space:		9,239	m²
9.	Other:			m²
10.	Other:		-	m²
11.	HSP Build Area less Amb and Inp			m²
	Space Total:		9,910	m²
12.	Number of Quarters:			
13.	Quarters Space:		-	m²
	TOTAL SQUARE METERS:		9,910	m²
14.	Parking Spaces		-	spaces
	GROUND ESTIMATES			
	Calculated Area:		6	ha
15.	Area of Grounds (Override):			ha
	POPULATION			
16.	Inpatient		13,125	
17.	Ambulatory		10,718	
18.	Eye Care		10,718	
19.	Audiology		10,718	
20.	Dental		10,718	
21.	Social Services		10,718	
22.	Mental Health		10,718	
23.	Nutrition		10,718	
24.	Public Health Nursing	Census Here	10718	10,718
25.	Emergency Medical Service		10,718	
26.	Health Education		10,718	
	OTHER FACTORS			
27.	EMS Program?		NO	
28.	% Total Runs Purchased			
29.	Sq. Kilometers Served			
30.	Driving time 100km or over 90 min to nearest ER?		No	
31.	Driving time 64km or over 60 min to nearest ER?		Yes	
32.	Patron Rations?		YES	
33.	24-Hour Security?		YES	
			TOTAL RRM STAFFING:	296.00

There are overrides in the EMS worksheet that can be used to override the calculated workloads. There is also some additional cost information available in the EMS worksheet.

RRM IN-PATIENT WORKLOAD

Last Update:

11/24/04

Today's Date:

9/21/05 12:03 AM

Program:		ACL HOSPITAL (2015MP)		
SERVICE CATEGORIES				
The workload data will be generated from the Health		On-Site Admissions	% Indian	
1. ADMISSIONS - OVERRIDE CELL			STAFFING:	296.00
ADMISSIONS - CALCULATED CELL		833		
CASES		On-Site Deliveries/Cases	% Indian	
2. Projected # of Deliveries			100%	
3. # Inpatient General Surgical Cases		728	100%	
4. # Inpatient Gynecological Surgical Cases			100%	
5. Total Number of Beds.		12		
6. Total Number of ICU/CCU Beds				
7. Staffed Observation Beds (Sub-Actue)				
DAYS/NURSING STATIONS		On-Site Days	Nurse Stations	
8.	General Medicine	3,067	2	
9.	Obstetrics/Gynecology			
10.	Surgery			
11.	Pediatrics			
12.	Newborn			
13.	ICU/CCU			
14.	Step-Down Unit			
15.	Operating Room			
16.	Psychiatric			
17.	Ambulatory Care		6	
18.	Birth Units		0	
19.	Sub Acute		0	
20.	Other :	0	0	
SUBTOTAL:		3067	8	RRM Staffing:
				296.00
21.	Nursery: Bassinets:			
22.	Remote Location (Inpatient Special Justification)	NO		
23.	Does Inpatient Nursing Provide Respiratory Services?	YES		
24.	Does Inpatient Nursing Provide EKG Services?	YES		
25.	Yearly Patient Escort Hours (Inter-facility):			

RRM AMBULATORY & COMMUNITY HEALTH WORKLOAD

Last Update:

11/24/04

Today's Date:

9/21/05 12:03 AM

		RRM STAFFING: 296.00	
		ACL HOSPITAL (2015MP)	
PRIMARY CARE PROVIDER VISITS		On-Site	
		PCPVs	% Indian
1.	Primary Care Provider Visit (PCPVs)	37,763	100%
1a.	Physical Therapy Visits:	5,086	
1b.	Total Specialty Visits (TSVs) for Specialty Care:	1,917	
1c.	CHP Ambulatory Encounters		
		Override OPV	RRM CALC
2.	Outpatient Visits (OPVs)		56,682
OUTPATIENT SURGERY		Cases	% Indian
3.	Outpatient Surgery		100%
EMERGENCY			
4.	ER PCPVs:	4,757	
NURSING			
5.	Emergency Room:	YES <input type="checkbox"/>	
6.	# Patient Escort Hours, if provided:		
7.	# of Observation Beds, if provided by the clinic:		
PUBLIC HEALTH NURSING			
8.	Part Time PHN School Services?	<input type="radio"/> Yes	
9.	Full Time PHN School Service?	<input type="radio"/> Yes	
10.	No PHN School Service:	<input checked="" type="radio"/> None	
11.	Discharge Planning by PHN?	<input type="checkbox"/> Check if Provided	
12.	# of Weekly One Hour PHN Managed Clinics:		
13.	# of CHR's Supervised		
14.	Are Interpreter Services Required?	NO <input type="checkbox"/>	
15.	% of Population Requiring Interpreter Services:		
DENTAL			
16.	Target Minutes Per Dental User:		95
CONTRACT HEALTH SERVICES			
17.	# of CHS PURCHASE ORDERS		6,500
OEHE STAFF			
18.	Number of OEHE Staff		3
		RRM STAFFING:	296.00

RRM EMS WORKLOAD

Last Update:

11/24/04

Today's Date:

9/21/05 12:03 AM

RRM STAFFING: 296.00

		ACL HOSPITAL (2015MP)		
	EMS Cals:	On-Site		
		PCPVs		
1.	Population:	0		
2.	% TOTAL RUNS PURCHASED	0%		
3.	I/T Multiplier	0		
4.	SQ Kilometers Served	0		
5.	Annual I/T Runs	0		Override I/T Runs
	Raw FTE Projections	FTE		
6.	EMT (Pop.)	0.0		
7.	EMT (SqK)	0.0		
8.	EMT (Runs)	0.0		
9.	SUB_TOTAL	0.0		
10.	MINIMUM	0.0		
11.	Staff By Category (Rounded)			
12.	EMT-B	0.0		
13.	EMT-I/P	0.0		
14.	Clerks	0.0		
15.	Supervisors	0.0		
16.	Total FTE	0		

	A	B	C	D	E	F	G	H	I
1				RRM STAFFING NEEDS SUMMARY					
2				Last Update:		11/24/04			
3		Program:		ACL HOSPITAL (2015MP)					
4				Today's Date:		9/21/05 12:03 AM			
5									
6				RRM Category Staffing Category		FTEs		Staff Rounded by Disci	
7									
8				INPATIENT CARE				Discipline	Department
9			11.00	Acute Care Nursing					
10				INPATIENT PHYSICIANS					
11				Chief of Service		1.22			
12				GM Physician		1.70			
13				Peds. Physician		0.00			
14				OB/GYN Physician		0.00			
15				Clerical Support		2.13			
16				SURGEONS		5.05		5	
17				General Surgeon		4.28			
18				OB/GYN Surgeon		0.00			
19				Nurse/Midwife		0.00			
20				Anesthesiologist		2.56			
21				NURSING		6.83		7.0	
22				Nursing Administration		0.00			
23				Admin. Clerical Support		0.00			
24				GM/SURG-Registered Nurse		0.00			
25				GM/SURG-LPN/Technician		0.00			
26				GM/SURG-Clerical Support		0.00			
27				PED-Registered Nurse		0.00			
28				PED-LPN/Technician		0.00			
29				PED-Clerical Support		0.00			
30				OB/L&D-Registered Nurse		0.00			
31				OB/L&D, LPN/Technician		0.00			
32				OB/L&D- Clerical Support		0.00			
33				Newborn-LPN/Technician		0.00			
34				Newborn-Clerical Support		0.00			
35				Nursery, RN, Fixed		0.00			
36				Nursery LPN/Technician		0.00			
37				Nursery, Clerical Support		0.00			
38				ICU, RN		0.00			
39				ICU, Clerical Support		0.00			
40				Step-Down Unit, RN,		0.00			
41				Step-Down Unit, LPN		0.00			
42				Step-Down Unit, Clerical Support		0.00			
43				OR RN		3.20			
44				OR, LPN/Technician		1.60			
45				Post Anesthesia Recovery, RN		1.21			
46				Ambulatory Surgery, RN		0.00			
47				Psych-RN, Fixed		0.00			
48				Psych, LPN Technican		0.00			
49				Psych, Clerical Support		0.00			
50				Quality Improvement Nurse		0.00			
51				Discharge Planning Nurse		0.00			
52				Observ. Bed-Registered Nurse		0.00			
53				Patient Escort, RN		0.00			
54				Nurse Educator		0.00			
55				SUBTOTAL:		6.01		6.0	

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:	ACL HOSPITAL (2015MP)						
4				Today's Date:		9/21/05 12:03 AM			
5									
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci	
7									
56			INPATIENT DEVIATION(S)						
57			INP_DEV1			0.00			
58			INP_DEV2			0.00			
59			INP_DEV3			0.00			
60			INP_DEV4			0.00			
61			INP_DEV5			0.00			
62			INP_DEV6			0.00			
63			INP_DEV7			0.00			
64			INP_DEV8			0.00			
65			INP_DEV9			0.00			
66				SUBTOTAL:		0.00		0.0	
67			Subtotal Inpatient Services			17.90		18.0	
68			AMBULATORY CARE						
69			EMERGENCY						
70			ER/After Hours Staff			3.81			
71			ER RN Supervisor			1.00			
72			ER Medical Clerks			1.63			
73			RNs, ER			3.78			
74				SUBTOTAL:		10.23		10.0	
75			AMBULATORY PHYSICIAN						
76			Primary Care Provider			10.22			
77			Specialty Care Provider			0.44			
78			Primary Care Provider (CHA/P)			0.00			
79			EMS Medical Director			0.00			
80			Clerical Support			2.25			
81				SUBTOTAL:		12.91		13.0	
82			AMBULATORY SURGERY						
83			General Surgeon			0.00			
84				SUBTOTAL:		0.00		0.0	
85			NURSING AMBULATORY						
86			Nurse Supervisor. (in Hosp. OPD)			1.00			
87			Medical Clerk, Exec. Support, Hosp C			1.00			
88			Nurse Manager			2.71			
89			Registered Nurse, Core Activities			11.86			
90			LPN			4.00			
91			Clerical Support			3.77			
92			RNs, Patient Escort			0.00			
93			RNs, Ambulatory Clinic Observation I			0.00			
94				SUBTOTAL:		24.34		24.0	
95			EYE CARE						
96			Optometrist			2.08			
97			Optometric Assistant			1.78			
98			Optometric Technician			1.78			
99			Ophthalmologist			0.00			
100			Ophthalmologist Assistant			0.00			
101				SUBTOTAL:		5.65		6.0	

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:	ACL HOSPITAL (2015MP)						
4				Today's Date:		9/21/05 12:03 AM			
5									
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci	
7									
102			AUDIOLOGY						
103				Audiologist		1.29			
104				Audiometric Technician		0.29			
105				SUBTOTAL:		1.58		2.0	
106			PHYSICAL THERAPY						
107				Physical Therapist		2.29			
108				SUBTOTAL:		2.29		2.0	
109			CLERICAL POOL						
110				PT, Audiology & Eye Care		1.13		1.0	
111			DENTAL						
112				Dentist		12.91			
113				Dental Assistant		25.81			
114				Dental Hygienist		3.23			
115				Clerical Support		3.87			
116				SUBTOTAL:		45.82		46.0	
117			AMBULATORY DEVIATIONS						
118				Ambulatory Deviation 1		0.00			
119				Ambulatory Deviation 2		0.00			
120				Ambulatory Deviation 3		0.00			
121				Ambulatory Deviation 4		0.00			
122				Ambulatory Deviation 5		0.00			
123				Ambulatory Deviation 6		0.00			
124				SUBTOTAL:		0.00		0.0	
125			Subtotal Ambulatory Clinics			103.94		104.0	
126			CLINICAL SUPPORT (ANCILLARY SERVICES)						
127			LABORATORY						
128				Medical Technologist		3.40			
129				Medical Technician (CHA/P)		0.00			
130				Medical Technician		2.65			
131				SUBTOTAL:		6.05		6.0	
132			PHARMACY						
133				Pharmacist		8.67			
134				Pharmacist (CHA/P)		0.00			
135				Pharmacy Technician		3.28			
136				SUBTOTAL:		11.95		12.0	
137			DIAGNOSTIC IMAGING						
138				Imaging Technologist		3.10			
139				Imaging Technologist (CHA/P)		0.00			
140				SUBTOTAL:		3.10		3.0	

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:	ACL HOSPITAL (2015MP)						
4				Today's Date:		9/21/05 12:03 AM			
5									
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci	
7									
141			MEDICAL RECORDS						
142				Medical Records Administrator		1.00			
143				Medical Records Technician		9.89			
144				Medical Records Technician (CHA/P)		0.00			
145				PCC Supervisor		1.29			
146				PCC Data Entry Personnel		5.14			
147				PCC Data Entry Personnel (CHA/P)		0.00			
148				Coder		4.83			
149				Medical Runner		0.57			
150				SUBTOTAL:		22.72		23.0	
151			RESPIRATORY THERAPY						
152				Respiratory Staff		1.04			
153				SUBTOTAL:		1.04		1.0	
154			CLERICAL POOL						
155				Lab, Pharm, & Imaging		1.13		1.0	
156			RRM DEVIATIONS - ANCILLARY						
157				ANCIL_DEV1		0.00			
158				ANCIL_DEV2		0.00			
159				ANCIL_DEV3		0.00			
160				ANCIL_DEV4		0.00			
161				SUBTOTAL:		0.00		0.0	
162			Subtotal Ancillary Services			45.99		46.0	
163			COMMUNITY HEALTH						
164			PUBLIC HEALTH NUTRITION						
165				Nutritionist		3.52		4.0	
166			PUBLIC HEALTH NURSING						
167				Public Health Nurse Manager		1.00			
168				Public Health Nurse		13.55			
169				Public Health Nurse - School		0.00			
170				Clerical Support		1.71			
171						16.26		16.0	
172			HEALTH EDUCATION						
173				Public Health Educator		2.68		3.0	
174			OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING						
175				OEHE RRM		3.00		3.0	
176			BEHAVIORAL HEALTH SERVICES						
177			MENTAL HEALTH						
178				Mental Health Staff		5.76		6.0	
179			SOCIAL SERVICES						
180				MSW Counselor Inpatient Only		0.28			
181				Social Service Staff		3.84			
182				SUBTOTAL:		4.12		4.0	
183			CLERICAL POOL						
184				Behavioral Health		1.13		1.0	

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:	ACL HOSPITAL (2015MP)						
4				Today's Date:		9/21/05 12:03 AM			
5									
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci	
7									
185			RRM DEVIATIONS - COMMUNITY HEALTH						
186			CM_DEV1			0.00			
187			CM_DEV2			0.00			
188			CM_DEV3			0.00			
189			CM_DEV4			0.00			
190			CM_DEV5			0.00			
191			CM_DEV6			0.00			
192			CM_DEV7			0.00			
193			CM_DEV8			0.00			
194			CM_DEV9			0.00			
195			CM_DEV10			0.00			
196			CM_DEV11			0.00			
197			CM_DEV12			0.00			
198				SUBTOTAL:		0.00		0.0	
199			Subtotal Community Health Services			36.47			37.0
200			ADMINISTRATIVE SUPPORT						
201			ADMINISTRATION						
202			Executive Staff			4.09			
203			Admin. Support Staff			2.00			
204			Clinical Director			1.00			
205				SUBTOTAL:		7.09		7.0	
206			FINANCIAL MANAGEMENT						
207			Finance Staff			0.00		0.0	
208			OFFICE SERVICES						
209			Office Staff			6.95		7.0	
210			CONTRACT HEALTH SERVICES						
211			CHS Staff			3.25			
212			CHS Manager			1.00			
213			Utilization Review			0.65			
214				SUBTOTAL:		4.90		5.0	
215			BUSINESS OFFICE						
216			Business Manager			1.00			
217			Patient Registration Tech.			3.25			
218			Benefit Coordinator			2.56			
219			Billing Clerk			4.19			
220				SUBTOTAL:		11.00		11.0	
221			SITE MANAGEMENT/RPMS/MIS						
222			Computer Programmer/Analyst			3.45			
223									
224				SUBTOTAL:		3.45		3.0	
225			QUALITY MANAGEMENT						
226			Performance Improvement Staff			2.32			
227			Clerical Support			0.61			
228				SUBTOTAL:		2.93		3.0	

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:	ACL HOSPITAL (2015MP)						
4				Today's Date:		9/21/05 12:03 AM			
5									
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci	
7									
229			CENTRAL SUPPLY						
230				Central Supply Staff		6.03			
231				Medical Technician		0.00			
232				SUBTOTAL:		6.03		6.0	
233			INTERPRETERS						
234				Interpreter		0.00		0.0	
235			DRIVERS						
236				Driver		2.46		2.0	
237			RRM DEVIATIONS - ADMINISTRATION						
238				ADM_DEV1		0.00			
239				ADM_DEV2		0.00			
240				ADM_DEV3		0.00			
241				ADM_DEV4		0.00			
242				SUBTOTAL:		0.00		0.0	
243			Subtotal Administration			44.80		44.0	
244			FACILITY SUPPORT						
245			HOUSEKEEPING						
246				Janitor/Housekeeper		14.11		14.0	
247			FACILITY MAINTENANCE						
248				Maintenance Staff		11.34		11.0	
249			CLINICAL ENGINEERING						
250				Clinical Engineering Staff		2.89		3.0	
251			LAUNDRY						
252				Laundry staff		1.35		1.0	
253			FOOD SERVICES						
254				Food Services Staff		6.36		6.0	
255			MATERIALS MANAGEMENT						
256				Warehouseman		3.64		4.0	
257			STAFF HEALTH						
258				Registered Nurse		0.90			
259				Clerical Support		0.68			
260				SUBTOTAL:		1.58		2.0	
261			CLERICAL POOL						
262				Facility Support		1.13		1.0	
263			SECURITY						
264						5.02		5.0	
265			Subtotal Facility Support			47.44		47.0	
266			Emergency Medical Services						
267			EMS						
268				EMT-B		0.00			
269				EMT-I/P		0.00			
270				Clerks		0.00			
271				Supervisor		0.00			
272						0.00		0.0	
273			Subtotal Emergency Medical Services			0.00		0.0	
274			GRAND TOTAL			296.54		296.0	

Appendix Q: Program Justification Documents (PJD) ACLIH



Current / Projected User Population... Inpatient - (AC)

(Acute Care, Intensive Care, Labor & Delivery/Nursery, Psychiatric Nursing, Sub-Acute, Surgery)

ACOM CAN LAG - ACOMA (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	6	17	7	14	11	8	14	18	12	6	9	122
prj) 2015	7	20	8	16	13	9	16	21	14	7	10	141
Female												
cur) 2001	11	23	9	8	6	10	15	7	12	5	6	112
prj) 2015	13	27	10	9	7	12	17	8	14	6	7	130

ACOM CAN LAG - ACOMITA (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	13	63	123	113	106	85	155	140	108	51	78	1035
prj) 2015	15	73	143	132	124	99	181	163	126	59	91	1206
Female												
cur) 2001	20	81	96	112	94	90	159	160	133	79	104	1128
prj) 2015	23	94	112	131	110	105	185	187	155	92	121	1315

ACOM CAN LAG - ANZAC (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	2	2	3	2	4	5	5	2	1	3	30
prj) 2015	1	2	2	3	2	5	6	6	2	1	3	33
Female												
cur) 2001		2	2	2	7	3	7	7	4	2	6	42
prj) 2015		2	2	2	8	3	8	8	5	2	7	47

ACOM CAN LAG - CANONCITO (BERNALILLO)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	15	88	98	121	87	76	135	148	82	51	36	937
prj) 2015	19	109	122	150	108	94	167	184	102	63	45	1163
Female												
cur) 2001	13	83	130	132	98	91	126	152	83	50	45	1003
prj) 2015	16	103	161	164	122	113	156	188	103	62	56	1244

ACOM CAN LAG - CASA BLANCA (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	4	20	27	11	23	21	25	23	23	8	40	225
prj) 2015	5	23	31	13	27	24	29	27	27	9	47	262
Female												
cur) 2001	7	11	19	18	18	24	43	28	32	19	50	269
prj) 2015	8	13	22	21	21	28	50	33	37	22	58	313

Current / Projected User Population... Inpatient - (AC)

(Acute Care, Intensive Care, Labor & Delivery/Nursery, Psychiatric Nursing, Sub-Acute, Surgery)

ACOM CAN LAG - CUBERO (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001			2	3	3	1	1		2	1		13
prj) 2015			2	3	3	1	1		2	1		13
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001			3	1	3	1		4	4	2		18
prj) 2015			3	1	3	1		5	5	2		20

ACOM CAN LAG - ENCINAL (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	4	5	7	9	18	8	13	16	3	10	94
prj) 2015	1	5	6	8	10	21	9	15	19	3	12	109
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	3	8	9	7	6	6	10	15	4	11	80
prj) 2015	1	3	9	10	8	7	7	12	17	5	13	92

ACOM CAN LAG - GRANTS (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	9	45	65	63	53	66	88	67	41	17	12	526
prj) 2015	10	52	76	73	62	77	103	78	48	20	14	613
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	6	46	69	70	74	74	110	113	67	29	12	670
prj) 2015	7	54	80	82	86	86	128	132	78	34	14	781

ACOM CAN LAG - LAGUNA-NEW (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	3	24	27	48	29	29	53	47	30	19	20	329
prj) 2015	3	28	31	56	34	34	62	55	35	22	23	383
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		18	42	38	33	28	46	49	30	26	29	339
prj) 2015		21	49	44	38	33	54	57	35	30	34	395

ACOM CAN LAG - LAGUNA-OLD (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	11	37	41	55	34	44	74	66	55	35	44	496
prj) 2015	13	43	48	64	40	51	86	77	64	41	51	578
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	5	38	40	51	50	51	52	68	61	36	54	506
prj) 2015	6	44	47	59	58	59	61	79	71	42	63	589

Current / Projected User Population... Inpatient - (AC)

(Acute Care, Intensive Care, Labor & Delivery/Nursery, Psychiatric Nursing, Sub-Acute, Surgery)

ACOM CAN LAG - MCCARTYS (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	4	20	39	35	27	29	50	51	37	28	34	354
prj) 2015	5	23	45	41	31	34	58	59	43	33	40	412
Female												
cur) 2001	2	21	43	32	33	30	52	68	38	30	46	395
prj) 2015	2	24	50	37	38	35	61	79	44	35	54	459

ACOM CAN LAG - MESITA (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	5	22	37	44	29	29	48	48	32	26	25	345
prj) 2015	6	26	43	51	34	34	56	56	37	30	29	402
Female												
cur) 2001	7	31	36	46	32	32	61	48	41	43	31	408
prj) 2015	8	36	42	54	37	37	71	56	48	50	36	475

ACOM CAN LAG - MILAN (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	3	21	19	19	16	10	15	21	11	2	3	140
prj) 2015	3	24	22	22	19	12	17	24	13	2	3	161
Female												
cur) 2001	4	19	15	14	12	14	28	24	13	6	2	151
prj) 2015	5	22	17	16	14	16	33	28	15	7	2	175

ACOM CAN LAG - PAGUATE (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	18	30	25	33	20	32	54	33	16	30	292
prj) 2015	1	21	35	29	38	23	37	63	38	19	35	339
Female												
cur) 2001	3	19	23	25	32	20	39	43	33	27	60	321
prj) 2015	3	22	23	29	37	23	45	50	38	31	70	371

ACOM CAN LAG - PARAJE (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		10	12	11	12	10	17	18	8	7	14	119
prj) 2015		12	14	13	14	12	20	21	9	8	16	139
Female												
cur) 2001	3	10	9	8	4	10	16	12	16	12	21	121
prj) 2015	3	12	10	9	5	12	19	14	19	14	24	141

Current / Projected User Population... Inpatient - (AC)

(Acute Care, Intensive Care, Labor & Delivery/Nursery, Psychiatric Nursing, Sub-Acute, Surgery)

ACOM CAN LAG - SAN FIDEL (CIBOLA) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		1	1	2	2	2	3	3	2	1	2	19
prj) 2015		1	1	2	2	2	3	3	2	1	2	19
Female												
cur) 2001	1		2	1	2	1	1	3	2	2	3	18
prj) 2015	1		2	1	2	1	1	3	2	2	3	18

ACOM CAN LAG - SAN MATEO (CIBOLA) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001							1					1
prj) 2015							1					1
Female												
cur) 2001									1			1
prj) 2015									1			1

ACOM CAN LAG - SAN RAFAEL (CIBOLA) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		1	3			1	1	2		1	1	10
prj) 2015		1	3			1	1	2		1	1	10
Female												
cur) 2001		2	2		2		2	2		1		11
prj) 2015		2	2		2		2	2		1		11

ACOM CAN LAG - SEAMA (CIBOLA) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	2	15	31	20	20	18	28	27	23	20	28	232
prj) 2015	2	17	36	23	23	21	33	31	27	23	33	269
Female												
cur) 2001	4	15	16	29	21	19	41	27	27	21	34	254
prj) 2015	5	17	19	34	24	22	48	31	31	24	40	295

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<i>cur) 2001</i>	78	408	569	594	496	471	753	751	517	293	389	5319
<i>prj) 2015</i>	91	480	668	699	584	554	886	885	608	343	455	6253
Female												
<i>cur) 2001</i>	87	422	561	596	528	504	804	825	612	394	514	5847
<i>prj) 2015</i>	101	496	660	703	620	593	946	972	718	461	602	6872
Combined												
<i>cur) 2001</i>	165	830	1130	1190	1024	975	1557	1576	1129	687	903	11166
<i>prj) 2015</i>	192	976	1328	1402	1204	1147	1832	1857	1326	804	1057	13125

Average Age for the Service Unit: 30.3

Current / Projected User Population... Outpatient - (PC)

(Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Mental Health, Physical Therapy, Primary Care, Public Health Nursing, Specialty Care)

ACOM CAN LAG - ACOMA (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	6	17	7	14	11	8	14	18	12	6	9	122
prj) 2015	7	20	8	16	13	9	16	21	14	7	10	141
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	11	23	9	8	6	10	15	7	12	5	6	112
prj) 2015	13	27	10	9	7	12	17	8	14	6	7	130

ACOM CAN LAG - ACOMITA (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	13	63	123	113	106	85	155	140	108	51	78	1035
prj) 2015	15	73	143	132	124	99	181	163	126	59	91	1206
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	20	81	96	112	94	90	159	160	133	79	104	1128
prj) 2015	23	94	112	131	110	105	185	187	155	92	121	1315

ACOM CAN LAG - ANZAC (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	2	2	3	2	4	5	5	2	1	3	30
prj) 2015	1	2	2	3	2	5	6	6	2	1	3	33
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		2	2	2	7	3	7	7	4	2	6	42
prj) 2015		2	2	2	8	3	8	8	5	2	7	47

ACOM CAN LAG - CASA BLANCA (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	4	20	27	11	23	21	25	23	23	8	40	225
prj) 2015	5	23	31	13	27	24	29	27	27	9	47	262
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	7	11	19	18	18	24	43	28	32	19	50	269
prj) 2015	8	13	22	21	21	28	50	33	37	22	58	313

ACOM CAN LAG - CUBERO (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001			2	3	3	1	1		2	1		13
prj) 2015			2	3	3	1	1		2	1		13
Female	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001			3	1	3	1		4	4	2		18
prj) 2015			3	1	3	1		5	5	2		20

Current / Projected User Population... Outpatient - (PC)

(Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Mental Health, Physical Therapy, Primary Care, Public Health Nursing, Specialty Care)

ACOM CAN LAG - ENCINAL (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	4	5	7	9	18	8	13	16	3	10	94
prj) 2015	1	5	6	8	10	21	9	15	19	3	12	109
Female												
cur) 2001	1	3	8	9	7	6	6	10	15	4	11	80
prj) 2015	1	3	9	10	8	7	7	12	17	5	13	92

ACOM CAN LAG - GRANTS (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	9	45	65	63	53	66	88	67	41	17	12	526
prj) 2015	10	52	76	73	62	77	103	78	48	20	14	613
Female												
cur) 2001	6	46	69	70	74	74	110	113	67	29	12	670
prj) 2015	7	54	80	82	86	86	128	132	78	34	14	781

ACOM CAN LAG - LAGUNA-NEW (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	3	24	27	48	29	29	53	47	30	19	20	329
prj) 2015	3	28	31	56	34	34	62	55	35	22	23	383
Female												
cur) 2001		18	42	38	33	28	46	49	30	26	29	339
prj) 2015		21	49	44	38	33	54	57	35	30	34	395

ACOM CAN LAG - LAGUNA-OLD (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	11	37	41	55	34	44	74	66	55	35	44	496
prj) 2015	13	43	48	64	40	51	86	77	64	41	51	578
Female												
cur) 2001	5	38	40	51	50	51	52	68	61	36	54	506
prj) 2015	6	44	47	59	58	59	61	79	71	42	63	589

ACOM CAN LAG - MCCARTYS (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	4	20	39	35	27	29	50	51	37	28	34	354
prj) 2015	5	23	45	41	31	34	58	59	43	33	40	412
Female												
cur) 2001	2	21	43	32	33	30	52	68	38	30	46	395
prj) 2015	2	24	50	37	38	35	61	79	44	35	54	459

Current / Projected User Population... Outpatient - (PC)

(Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Mental Health, Physical Therapy, Primary Care, Public Health Nursing, Specialty Care)

ACOM CAN LAG - MESITA (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	5	22	37	44	29	29	48	48	32	26	25	345
prj) 2015	6	26	43	51	34	34	56	56	37	30	29	402
Female												
cur) 2001	7	31	36	46	32	32	61	48	41	43	31	408
prj) 2015	8	36	42	54	37	37	71	56	48	50	36	475

ACOM CAN LAG - MILAN (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	3	21	19	19	16	10	15	21	11	2	3	140
prj) 2015	3	24	22	22	19	12	17	24	13	2	3	161
Female												
cur) 2001	4	19	15	14	12	14	28	24	13	6	2	151
prj) 2015	5	22	17	16	14	16	33	28	15	7	2	175

ACOM CAN LAG - PAGUATE (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	18	30	25	33	20	32	54	33	16	30	292
prj) 2015	1	21	35	29	38	23	37	63	38	19	35	339
Female												
cur) 2001	3	19	20	25	32	20	39	43	33	27	60	321
prj) 2015	3	22	23	29	37	23	45	50	38	31	70	371

ACOM CAN LAG - PARAJE (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		10	12	11	12	10	17	18	8	7	14	119
prj) 2015		12	14	13	14	12	20	21	9	8	16	139
Female												
cur) 2001	3	10	9	8	4	10	16	12	16	12	21	121
prj) 2015	3	12	10	9	5	12	19	14	19	14	24	141

ACOM CAN LAG - SAN FIDEL (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		1	1	2	2	2	3	3	2	1	2	19
prj) 2015		1	1	2	2	2	3	3	2	1	2	19
Female												
cur) 2001	1		2	1	2	1	1	3	2	2	3	18
prj) 2015	1		2	1	2	1	1	3	2	2	3	18

Program Justification Document

Project Name: ACL HOSPITAL(2015) - Community: Acoma Pueblo , State: New Mexico

Project Number: AL04AC002H7

Current / Projected User Population... Outpatient - (PC)

(Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Mental Health, Physical Therapy, Primary Care, Public Health Nursing, Specialty Care)

ACOM CAN LAG - SAN MATEO (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001							1					1
prj) 2015							1					1
Female												
cur) 2001									1			1
prj) 2015									1			1

ACOM CAN LAG - SAN RAFAEL (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		1	3			1	1	2		1	1	10
prj) 2015		1	3			1	1	2		1	1	10
Female												
cur) 2001		2	2		2		2	2		1		11
prj) 2015		2	2		2		2	2		1		11

ACOM CAN LAG - SEAMA (CIBOLA)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	2	15	31	20	20	18	28	27	23	20	28	232
prj) 2015	2	17	36	23	23	21	33	31	27	23	33	269
Female												
cur) 2001	4	15	16	29	21	19	41	27	27	21	34	254
prj) 2015	5	17	19	34	24	22	48	31	31	24	40	295

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	63	320	471	473	409	395	618	603	435	242	353	4382
prj) 2015	72	371	546	549	476	460	719	701	506	280	410	5090
Female												
cur) 2001	74	339	431	464	430	413	678	673	529	344	469	4844
prj) 2015	85	393	499	539	498	480	790	784	615	399	546	5628
Combined												
cur) 2001	137	659	902	937	839	808	1296	1276	964	586	822	9226
prj) 2015	157	764	1045	1088	974	940	1509	1485	1121	679	956	10718

Average Age for the Service Unit: 31.1

Workload Summary...

Workload Summary...							HSP	Projected
	Year	Total Workload	Contracted Due To		Unmet	Cross	Facility	Estimated
			Acuity	Threshold	Need	over	Workload	Facility Workload
<u>Acute Care</u>								
Medical Bed days	2001	1114	334	780	2003	3086		
	2015	1311	393	918	2062	3195		3067
Pediatric Bed days	2001	574	80	494	2001	2919		
	2015	671	94	577		9200/3 = 3066.67		
Surgical Bed days	2001	737	265	472				
	2015	866	312	554				
<u>Audiology</u>								
Audiology Visits	2001	1072			1072		1072	
	2015	1242			1242		1242	
<u>Clinical Engineering</u>								
Clinical Engineering	2001	1003			1003		1003	
	2015	1426			1426		1426	
<u>Dental Care</u>								
Dental Service Minutes	2001	876470			876470		876470	
	2015	1018210			1018210		1018210	
<u>Diagnostic Imaging</u>								
CT/MRI Exams	2001	81	81					
	2015	128	128					
Fluoroscopy Exams	2001	236		236				
	2015	286		286				
General Radiography	2001	3417			3417		3417	
	2015	4085			4085		4085	
MAMMOGRAPHY	2001	1382		1382				
	2015	1606			1606		1606	
Ultrasound Exams	2001	471		471				
	2015	591		591				
<u>Education & Group Consultation</u>								
# of staff	2015	255			255		255	
<u>Emergency</u>								
Emergency Room Visits	2001	4089			4089		4089	
	2015	4757			4757		4757	
<u>Eye Care</u>								
Optometrist Visits	2001	2981			2981		2981	
	2015	3461			3461		3461	
<u>Facility Management</u>								
Service index	2001	55			55		55	
	2015	72			72		72	
<u>Intensive Care</u>								

Workload Summary...

		<u>Total</u>	<u>Contracted Due To</u>		<u>Unmet</u>	<u>Cross</u>	<u>HSP</u>	<u>Projected</u>
	<u>Year</u>	<u>Workload</u>	<u>Acuity</u>	<u>Threshold</u>	<u>Need</u>	<u>over</u>	<u>Facility</u>	<u>Estimated</u>
							<u>Workload</u>	<u>Facility</u>
								<u>Workload</u>
Intensive Care bed days	2001	216	99	117				
	2015	259	119	140				
<u>Laboratory</u>								
Chem/Hema/Immun/Urin	2001	29452	1767		27685		27685	
	2015	45088	2705		42383		42383	
Histo/Cytology billable	2001	188	188					
	2015	234	234					
Microbiology billable tests	2001	6995	2798		4197		4197	
	2015	8785	3514		5271		5271	
Transfusion/BB billable	2001	565	11		554		554	
	2015	1040	21		1019		1019	
<u>Mental Health</u>								
Mental Health Visits	2001	1581			1581		1581	
	2015	1842			1842		1842	
<u>Pharmacy</u>								
Inpatient Pharmacy	2001							
	2015	16657			16657		16657	
Outpatient Pharmacy	2001	452381			452381		452381	
	2015	525647			525647		525647	
<u>Physical Therapy</u>								
Inpatient Physical Therapy	2001							
	2015	368			368		368	
OUTPATIENT PHYSICAL	2001	4376			4376		4376	
	2015	5086			5086		5086	
<u>Primary Care</u>								
Primary Care Provider	2001	32500			32500		32500	
	2015	37763			37763		37763	
<u>Property & Supply</u>								
Storage Index	2001	8288			8288		8288	
	2015	10488			10488		10488	
<u>Psychiatric Nursing</u>								
Psych Bed days	2001	169	37	132				
	2015	200	44	156				
<u>Public Health Nursing</u>								
Public Health Nursing	2001	2910			2910		2910	
	2015	3377			3377		3377	
<u>Respiratory Therapy</u>								
Respiratory Therapy work	2001	38959		38959				
	2015	155078		155078				

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Specialty Care</u>							
Specialist Visits	2001	1644		1644			
	2015	1917		1917			
<u>Sub-Acute</u>							
SubAcute Bed days	2001	885		885			
	2015	1043		1043			
<u>Surgery</u>							
Inpatient Episodes	2001	284	80	204			
	2015	335	94	241			
Outpatient Episodes	2001	332	93	239			
	2015	393	110	283			

Current / Projected User Population... outpatient - (PC)

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

ACOM CAN LAG - CANONCITO (BERNALILLO)

M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<i>cur) 2001</i>	15	88	98	121	87	76	135	148	82	51	36	937
<i>prj) 2015</i>	19	109	122	150	108	94	167	184	102	63	45	1163
Female												
<i>cur) 2001</i>	13	83	130	132	98	91	126	152	83	50	45	1003
<i>prj) 2015</i>	16	103	161	164	122	113	156	188	103	62	56	1244

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<i>cur) 2001</i>	15	88	98	121	87	76	135	148	82	51	36	937
<i>prj) 2015</i>	19	109	122	150	108	94	167	184	102	63	45	1163
Female												
<i>cur) 2001</i>	13	83	130	132	98	91	126	152	83	50	45	1003
<i>prj) 2015</i>	16	103	161	164	122	113	156	188	103	62	56	1244
Combined												
<i>cur) 2001</i>	28	171	228	253	185	167	261	300	165	101	81	1940
<i>prj) 2015</i>	35	212	283	314	230	207	323	372	205	125	101	2407

Average Age for the Service Unit: 26.8

Workload Summary...

Workload Summary...			Contracted Due To		Unmet	Cross	HSP	Projected
	Year	Total Workload	Acuity	Threshold	Need	over	Facility Workload	Estimated Facility Workload
<u>Acute Care</u>								
Medical Bed days	2001	155	47	109	-1		-1	
	2015	193	58	135				
Pediatric Bed days	2001	108	15	93				
	2015	134	19	115				
Surgical Bed days	2001	109	39	70				
	2015	134	48	86				
<u>Audiology</u>								
Audiology Visits	2001	202		202				
	2015	253			253		253	
<u>Clinical Engineering</u>								
Clinical Engineering	2001	129			129		129	
	2015	160			160		160	
<u>Dental Care</u>								
Dental Service Minutes	2001	184300		184300				
	2015	228665		228665				
<u>Diagnostic Imaging</u>								
CT/MRI Exams	2001	16	16					
	2015	20	20					
Fluoroscopy Exams	2001	47		47				
	2015	58		58				
General Radiography	2001	676		676				
	2015	839		839				
MAMMOGRAPHY	2001	195		195				
	2015	242		242				
Ultrasound Exams	2001	93		93				
	2015	116		116				
<u>Education & Group Consultation</u>								
# of staff	2015	37			37		37	
<u>Emergency</u>								
Emergency Room Visits	2001	808			808		808	
	2015	1004			1004		1004	
<u>Eye Care</u>								
Optometrist Visits	2001	603		603				
	2015	749		749				
<u>Facility Management</u>								
Service index	2001	5			5		5	
	2015	6			6		6	
<u>Housekeeping & Linen</u>								

Workload Summary...

	Year	Total Workload	Contracted Due To Acuity Threshold		Unmet Need	Cross over	HSP Facility Workload	Projected Estimated Facility Workload
Lbs of Linen	2001	2384			2384		2384	
	2015	2974			2974		2974	
<u>Intensive Care</u>								
Intensive Care bed days	2001	31	14	17				
	2015	38	17	21				
<u>Laboratory</u>								
Chem/Hema/Immun/Urin	2001	5808	348		5460		5460	
	2015	7211	433		6778		6778	
Histo/Cytology billable	2001	37	37					
	2015	46	46					
Microbiology billable tests	2001	1380	552		828		828	
	2015	1712	685		1027		1027	
Transfusion/BB billable	2001	112	2		110		110	
	2015	139	3		136		136	
<u>Mental Health</u>								
Mental Health Visits	2001	329			329		329	
	2015	406			406		406	
<u>Pharmacy</u>								
Inpatient Pharmacy	2001	-5			-5		-5	
	2015							
Outpatient Pharmacy	2001	84024			84024		84024	
	2015	104238			104238		104238	
<u>Physical Therapy</u>								
Inpatient Physical Therapy	2001							
	2015							
OUTPATIENT PHYSICAL	2001	764		764				
	2015	955		955				
<u>Primary Care</u>								
Primary Care Provider	2001	6432			6432		6432	
	2015	7980			7980		7980	
<u>Property & Supply</u>								
Storage Index	2001	1640			1640		1640	
	2015	2035			2035		2035	
<u>Psychiatric Nursing</u>								
Psych Bed days	2001	28	6	22				
	2015	35	8	27				
<u>Public Health Nursing</u>								
Public Health Nursing	2001	534			534		534	
	2015	663			663		663	

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Respiratory Therapy</u>							
Respiratory Therapy work	2001	7644		7644			
	2015	9534		9534			
<u>Specialty Care</u>							
Specialist Visits	2001	307		307			
	2015	382		382			
<u>Sub-Acute</u>							
SubAcute Bed days	2001	154		154			
	2015	193		193			
<u>Surgery</u>							
Inpatient Episodes	2001	51	14	37			
	2015	62	17	45			
Outpatient Episodes	2001	59	17	42			
	2015	73	20	53			

Appendix R: Facility Space Utilization Comparisons: 2005 to Projected 2015



Space Summary (ACL Hospital 2015)

The net and gross areas for the proposed facility are summarized below.

ACL HOSPITAL	Template or Discipline	Net Square Meters	Conversion Factor	Gross Square Meters
ADDITIONAL SERVICES	X01	6.00	1.35	8.10
	X02	20.00	1.35	27.00
	X04	497.40	1.35	671.49
ADMINISTRATION				
Administration	AD	273.00	1.40	382.20
Business Office	BO	142.00	1.40	198.80
Health Information Management	HIM	262.00	1.25	327.50
Information Management	IM	63.00	1.20	75.60
AMBULATORY				
Dental Care	au2	64.30	N/A	81.00
Emergency	dc4	661.20	N/A	983.00
Eye Care	er2	86.20	N/A	219.00
Primary Care	ec2	182.00	N/A	236.00
Primary Care	PC4	499.40	N/A	734.00
ANCILLARY				
Diagnostic Imaging	DI1	89.50	N/A	126.00
Laboratory	LB4	204.50	N/A	227.00
Pharmacy	ph4	259.50	N/A	333.00
Physical Therapy	pt2	252.00	N/A	319.00
BEHAVIORAL				
Mental Health	MH	146.00	1.40	204.40
Social Work	SW	48.00	1.40	67.20
FACILITY SUPPORT				
Clinical Engineering	ce1	39.10	N/A	42.00
Facility Management	fm2	146.20	N/A	164.00
PREVENTIVE				
Environmental Health	EH	55.00	1.40	77.00
Health Education	HE	36.00	1.40	50.40
Public Health Nursing	PHN	194.00	1.40	271.60
Public Health Nutrition	PNT	35.00	1.40	49.00
SUPPORT SERVICES				
Education & Group Consultation	egc2	126.20	1.10	151.00
Education & Group Consultation	EGC	26.00	1.10	28.60
Employee Facilities	EF	233.60	1.20	280.32
Housekeeping & Linen	hl2	46.90	1.10	56.00
Housekeeping & Linen	HL	16.00	1.10	17.60
Property & Supply	ps3	397.50	N/A	459.00
Public Facilities	PF	72.00	1.20	86.40

Department Gross Square Meters 7446.21

Building Circulation & Envelope (.20) 1489.24

Floor Gross Square Meters 8935.45

Major Mechanical SPACE (.12) 1072.25

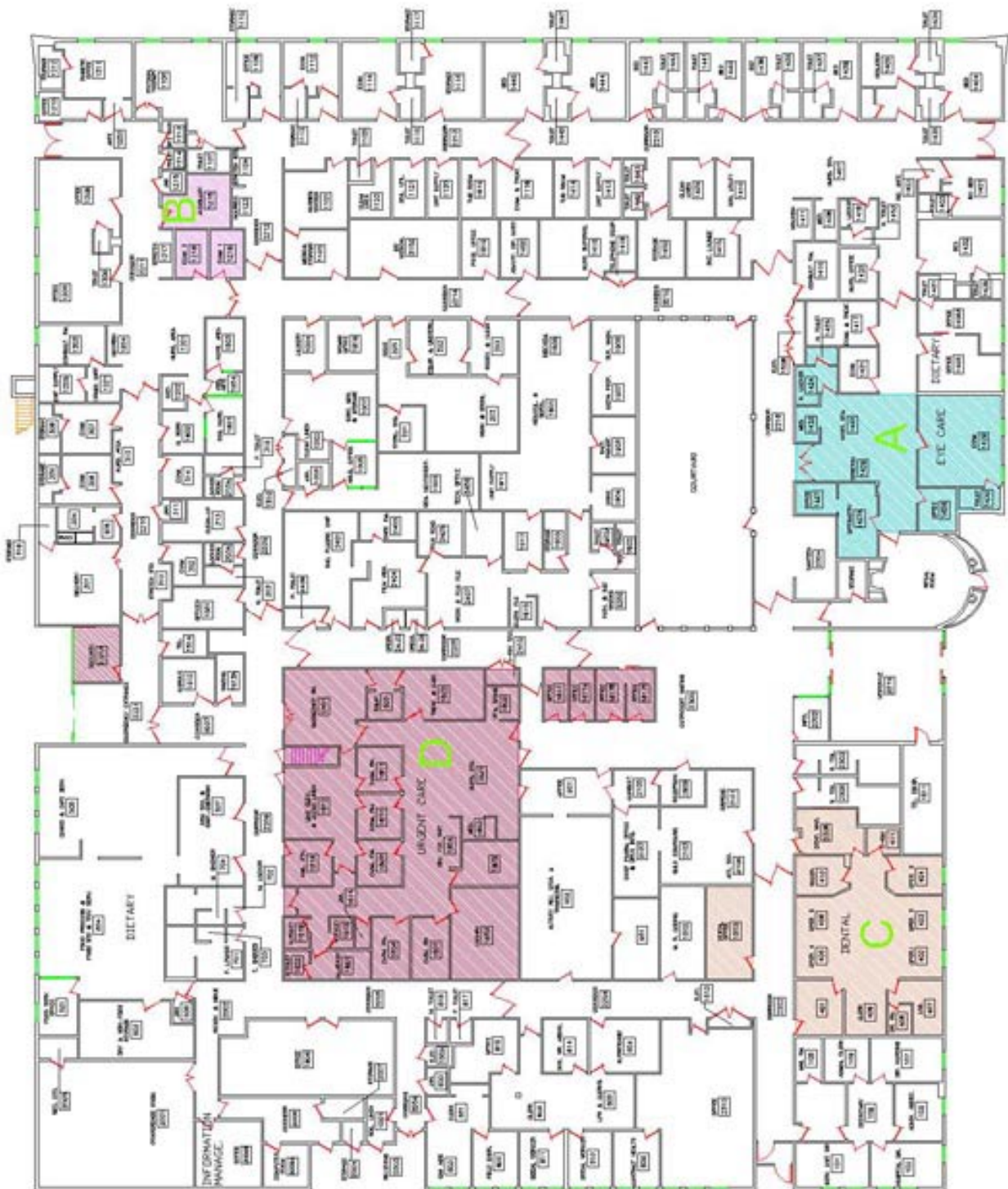
Building Gross Square Meters 10007.70



Space Summary (Canoncito Health Clinic 2015)*The net and gross areas for the proposed facility are summarized below.*

CANONCITO HEALTH CLINIC	Template or Discipline	Net Square Meters	Conversion Factor	Gross Square Meters
ADDITIONAL SERVICES				
	X01	6.00	1.35	8.10
	X03	20.00	1.35	27.00
ADMINISTRATION				
Administration	AD	124.00	1.40	173.60
Business Office	BO	75.00	1.40	105.00
Health Information Management	HIM	94.00	1.25	117.50
Information Management	IM	51.00	1.20	61.20
AMBULATORY				
Emergency	er1	47.40	N/A	82.00
Primary Care	pc1	291.60	N/A	451.00
ANCILLARY				
Pharmacy	ph1	138.00	N/A	168.00
BEHAVIORAL				
Mental Health	MH	66.00	1.40	92.40
Social Work	SW	14.00	1.40	19.60
PREVENTIVE				
Environmental Health	EH	26.00	1.40	36.40
Health Education	HE	16.00	1.40	22.40
Public Health Nursing	PHN	60.00	1.40	84.00
Public Health Nutrition	PNT	9.00	1.40	12.60
SUPPORT SERVICES				
Education & Group Consultation	EGC	14.00	1.10	15.40
Education & Group Consultation	EF	95.60	1.20	114.72
Employee Facilities	hl1	25.50	1.10	28.00
Housekeeping & Linen	HL	16.00	1.10	17.60
Housekeeping & Linen	ps1	149.70	N/A	160.00
Property & Supply	PF	47.00	1.20	56.40
Public Facilities	ph1	138.00	N/A	168.00
Department Gross Square Meters				7446.21
Building Circulation & Envelope (.20)				1489.24
Floor Gross Square Meters				8935.45
Major Mechanical SPACE (.12)				1072.25
Building Gross Square Meters				10007.70





1. EYE CARE
OFFICE
A = 124.31 SQ M.

2. AUDIOLOGY
OFFICE
B = 27.39 SQ M.

3. DENTAL
OFFICE
C = 129.57 SQ M.

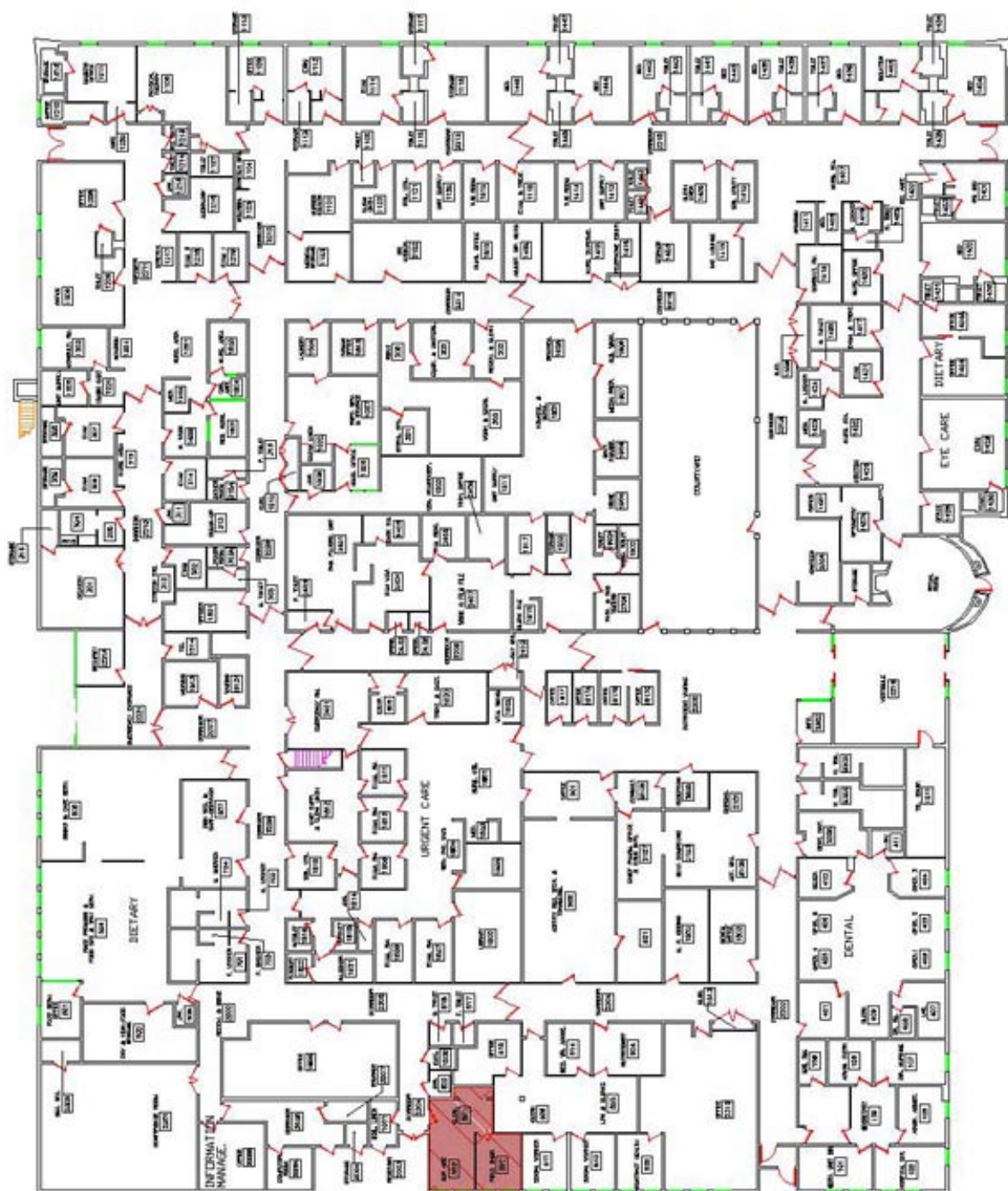
4. EMERGENCY RM/URGENT
CARE/SECURITY
OFFICE
D = 316.20 SQ M.

AMBULATORY CARE



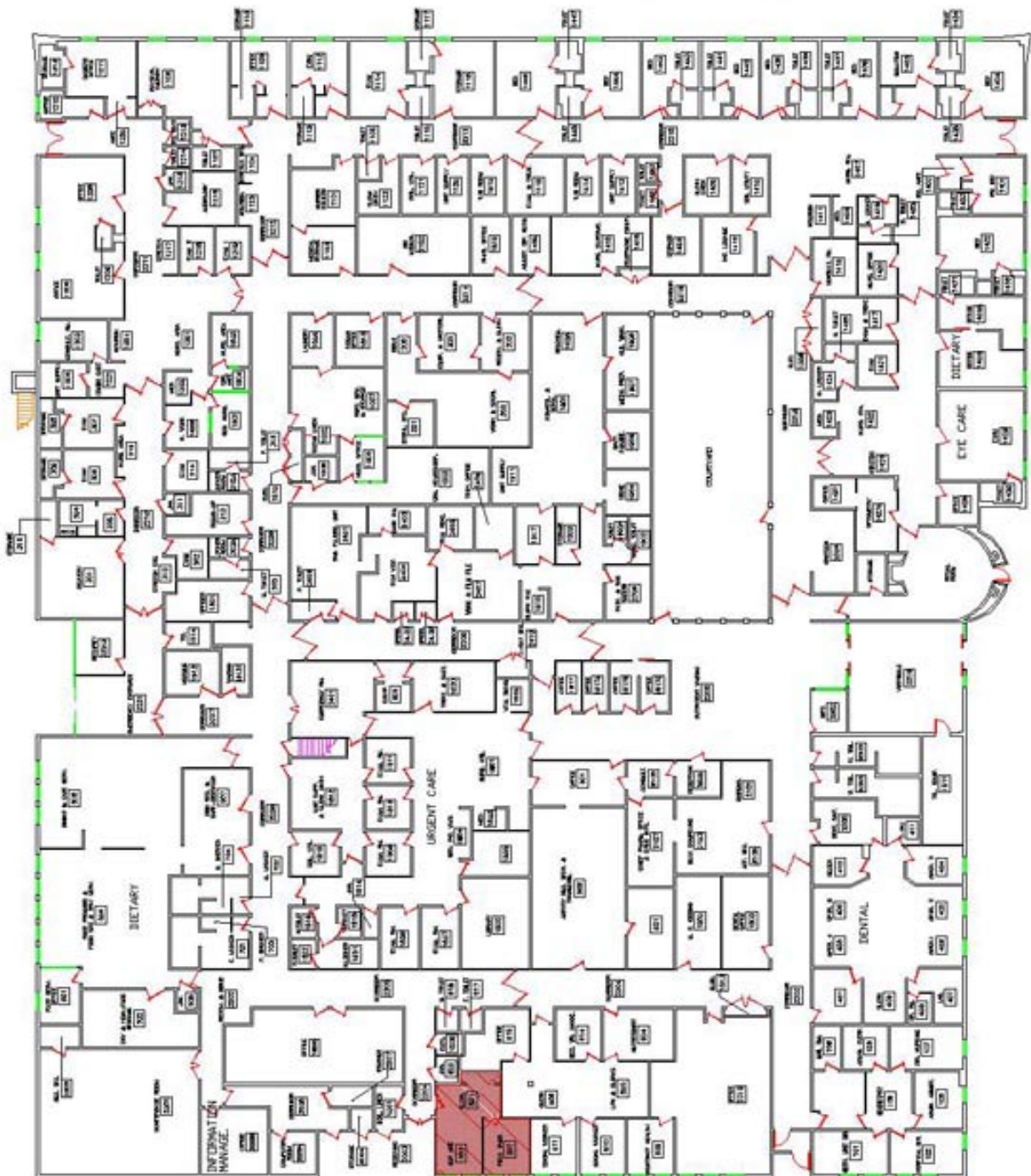
TOTAL SQUARE METERS = 596.57 SQ M.

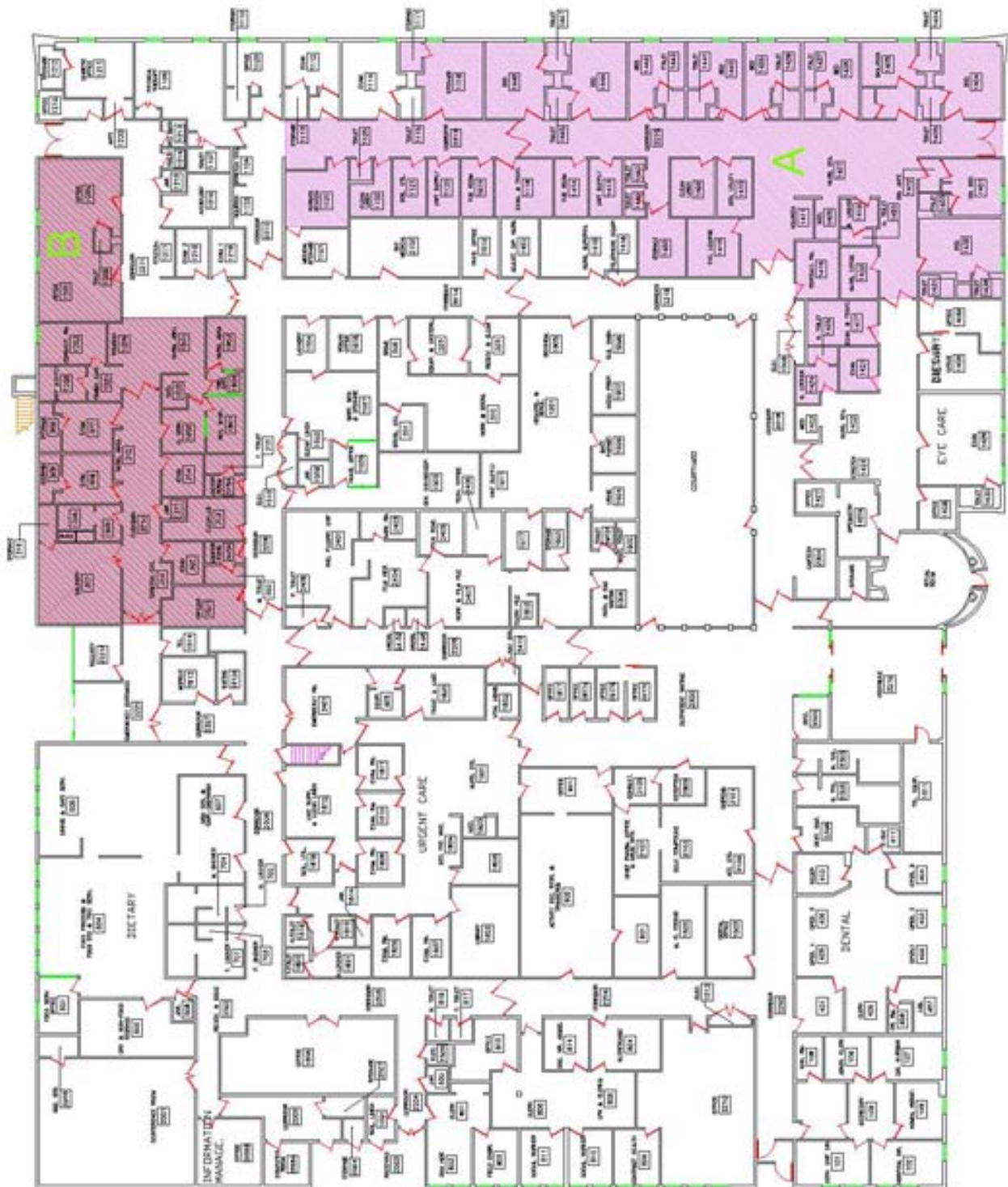
Scale: $1/32"=1'-0"$



IHS-ALBUQUERQUE
BUILDING #33115-02000
ACOMA, LAGUNA,
CANONCITO FACILITY
FIRST FLOOR

Scale: 1/32"=1'-0"





INPATIENT CARE



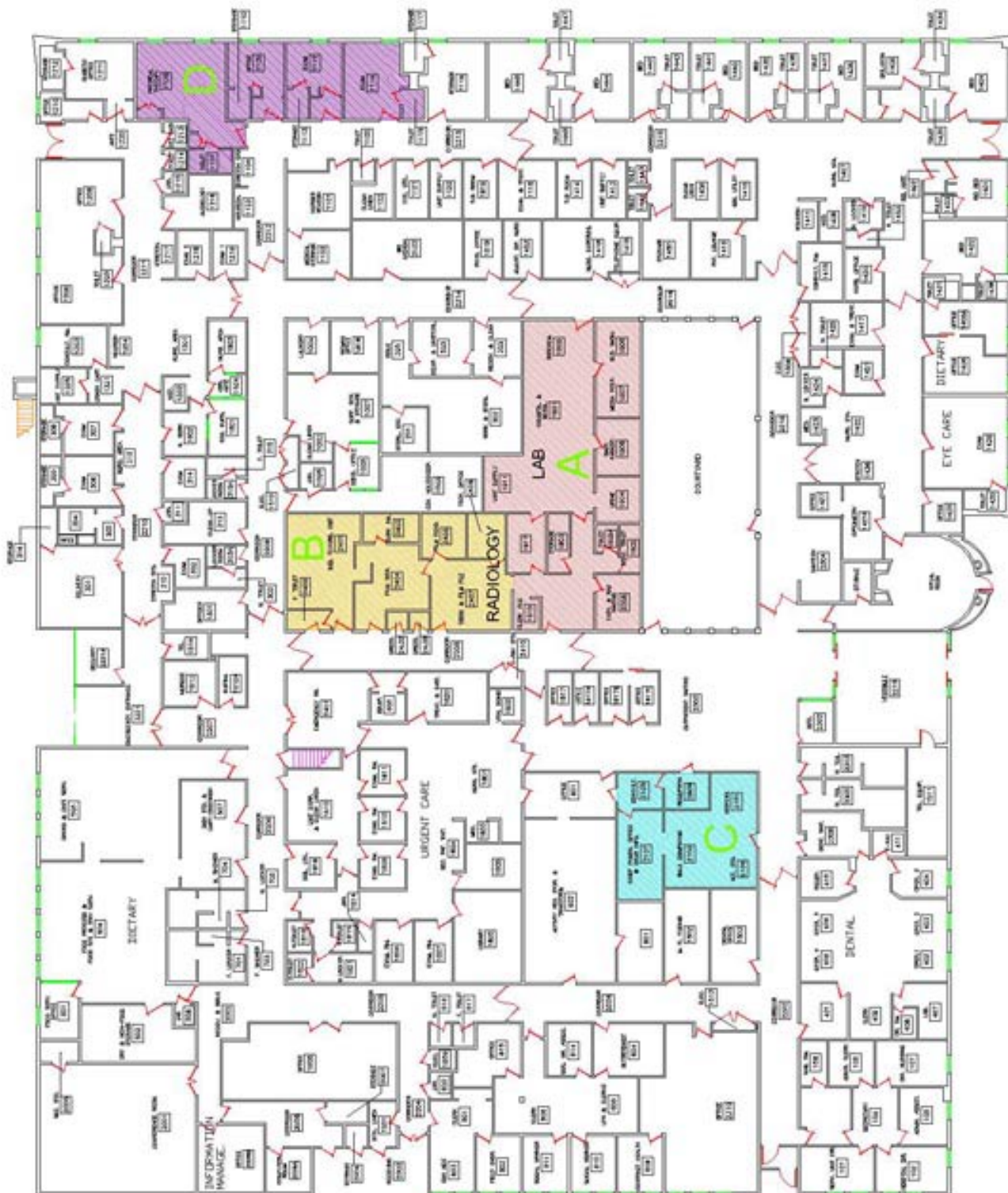
1. ACUTE CARE
NURSING = 632.54 SQ M.



2. LABOR/ DELIVERY
NURSERY = 322.92 SQ M.



TOTAL SQUARE METERS = 955.46 SQ M.



1. LABORATORY
OFFICE
= 166.24 SQ M.

A

2. RADIOLOGY
OFFICE
= 108.02 SQ M.

B

3. PHARMACY
OFFICE
= 66.65 SQ M.

C

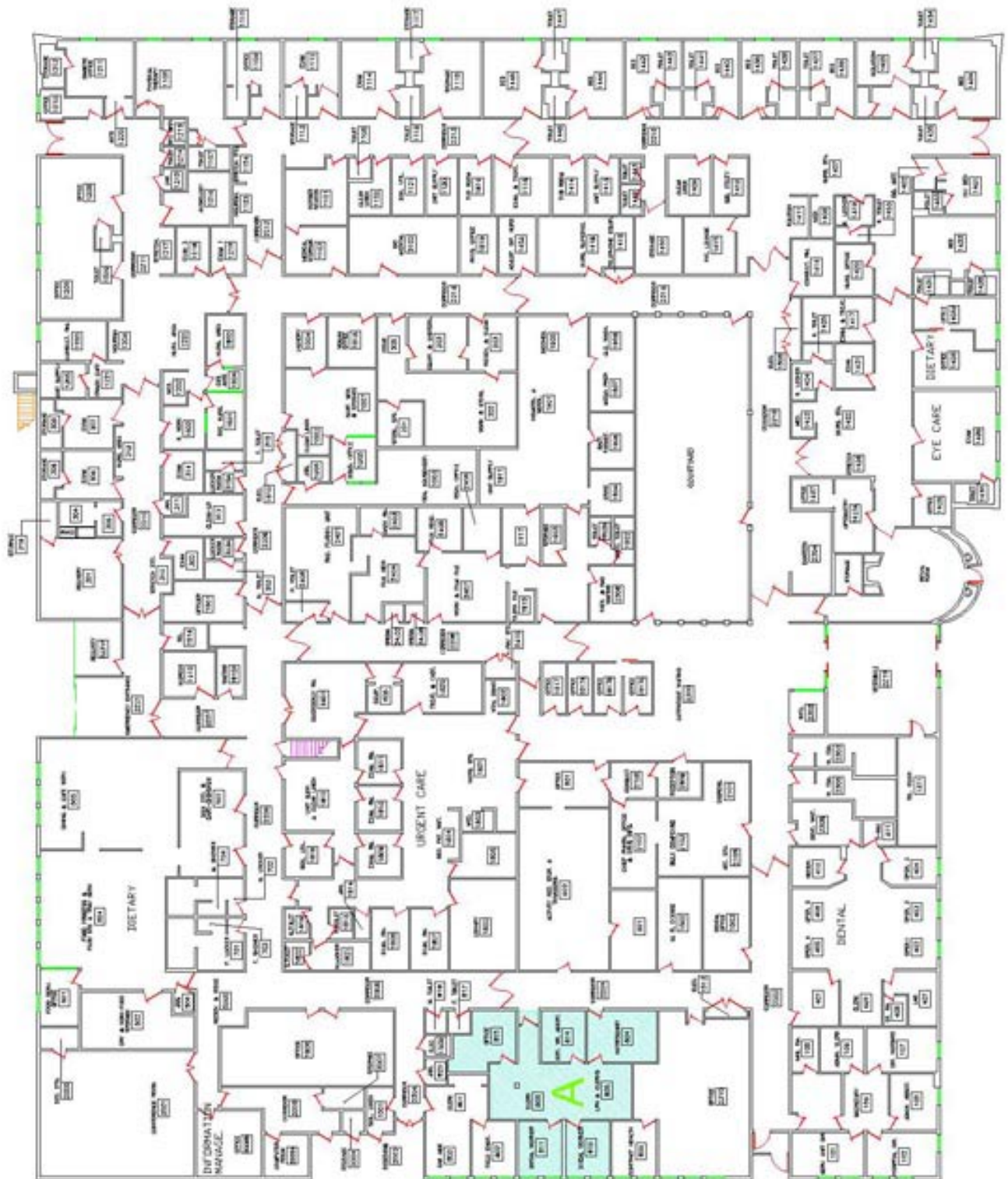
4. PHYSICAL THERAPY
OFFICE
= 100.55 SQ M.

D

ANCILLARY SERVICES



TOTAL SQUARE METERS = 446.47 SQ M.

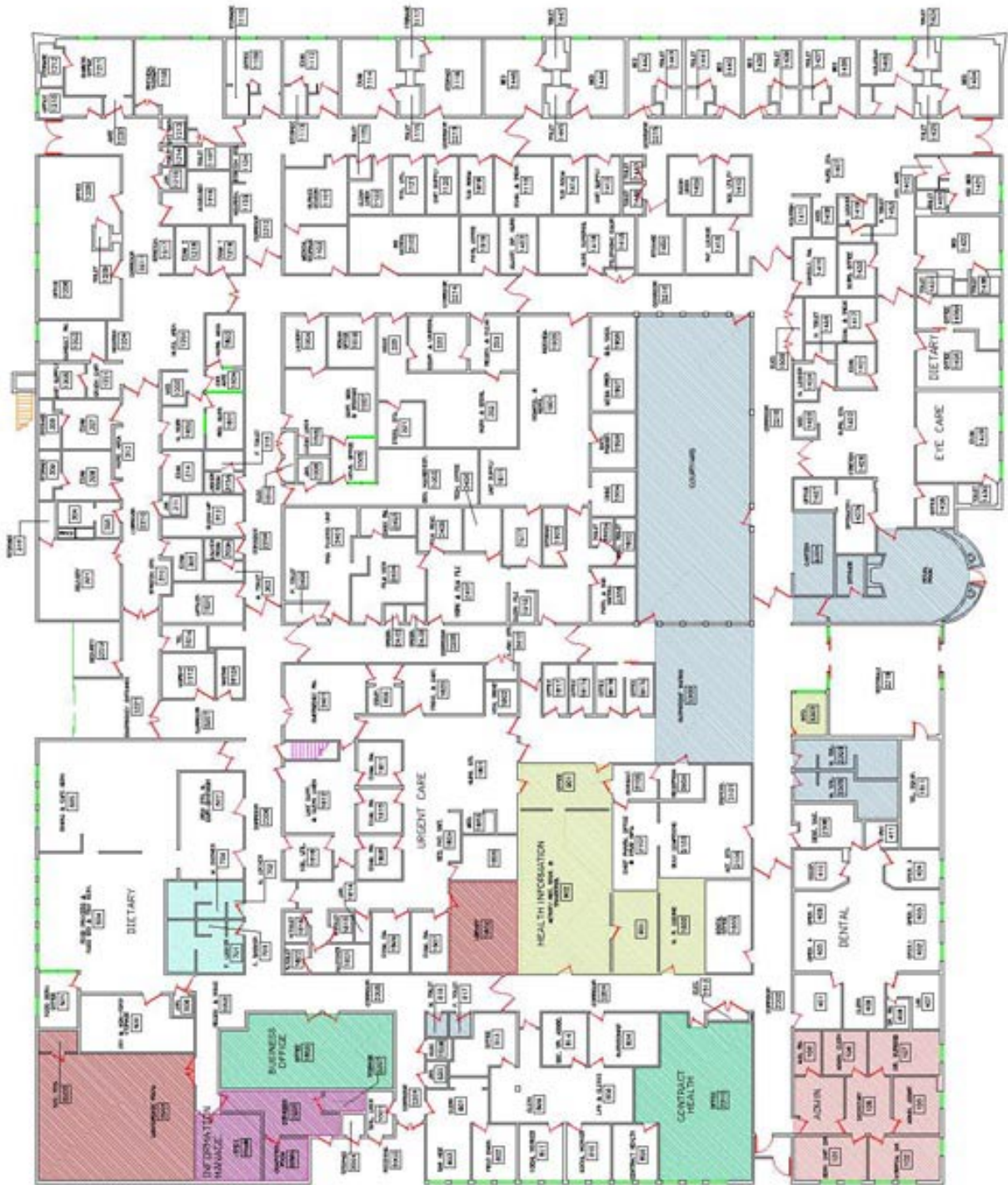


BEHAVIORAL HEALTH



F. MENTAL HEALTH/SOCIAL
 WORK
 = 102.64 SQ.M.
A

TOTAL SQUARE METERS = 102.64 SQ.M.



1. ADMINISTRATION

OFFICE = 93.64 SQ M.

A

2. INFORMATION MANAGEMENT

OFFICE = 48.60 SQ M.

B

3. BUSINESS OFFICE

OFFICE = 122.07 SQ M.

C

4. HEALTH INFORMATION

OFFICE = 121.61 SQ M.

D

ADMINISTRATIVE SUPPORT



5. EDUCATION & TRAINING

OFFICE = 113.58 SQ M.

E

6. EMPLOYEE FACILITIES

OFFICE = 29.99 SQ M.

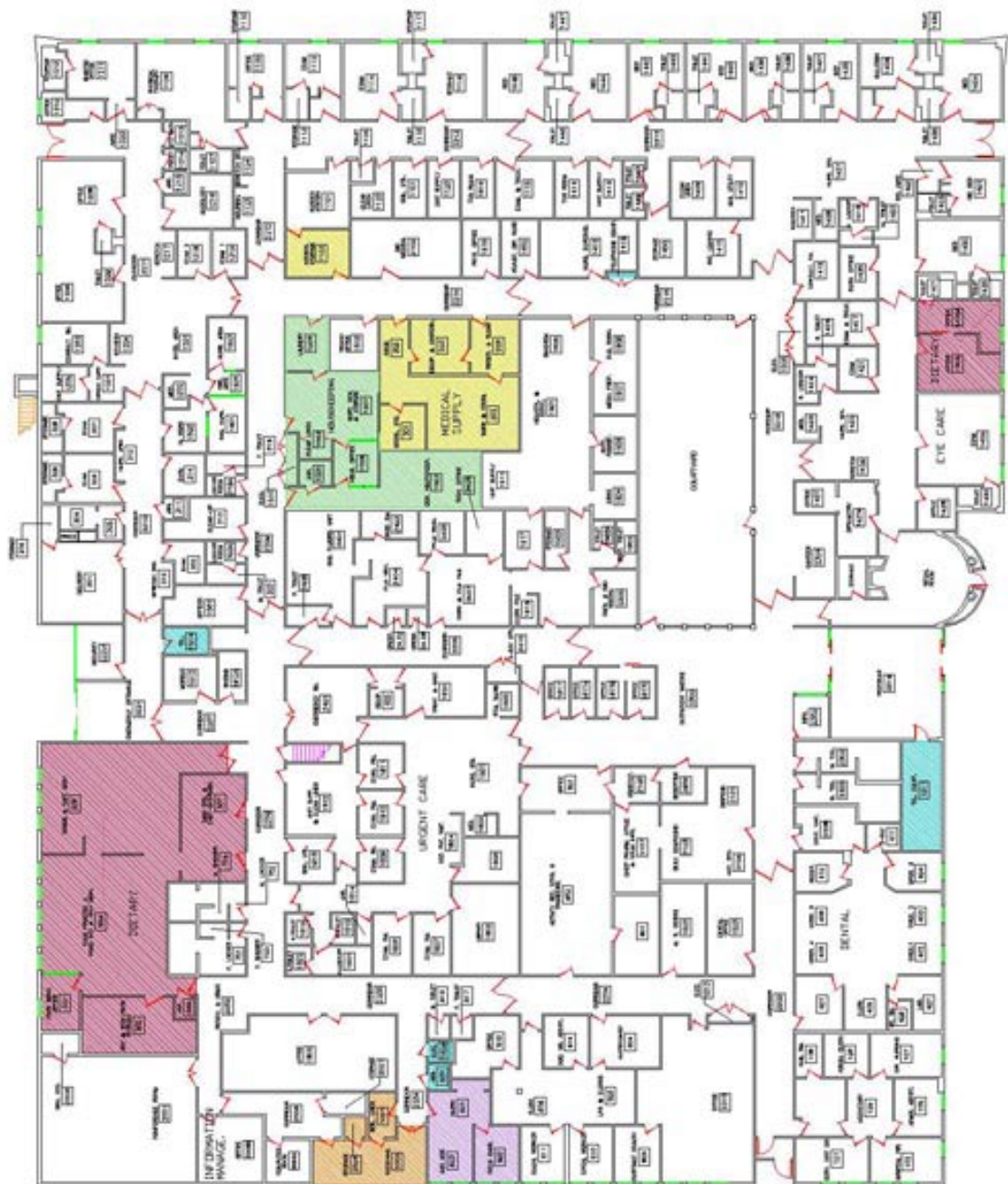
F

7. PUBLIC FACILITIES

OFFICE = 305.26 SQ M.

G

TOTAL SQUARE METERS = 834.75 SQ M.



MEDICAL SUPPLY
OFFICE = 98.95 SQ. M.



PROPERTY & SUPPLY
OFFICE = 330.22 SQ. M.



DIETARY
OFFICE = 264.52 SQ. M.



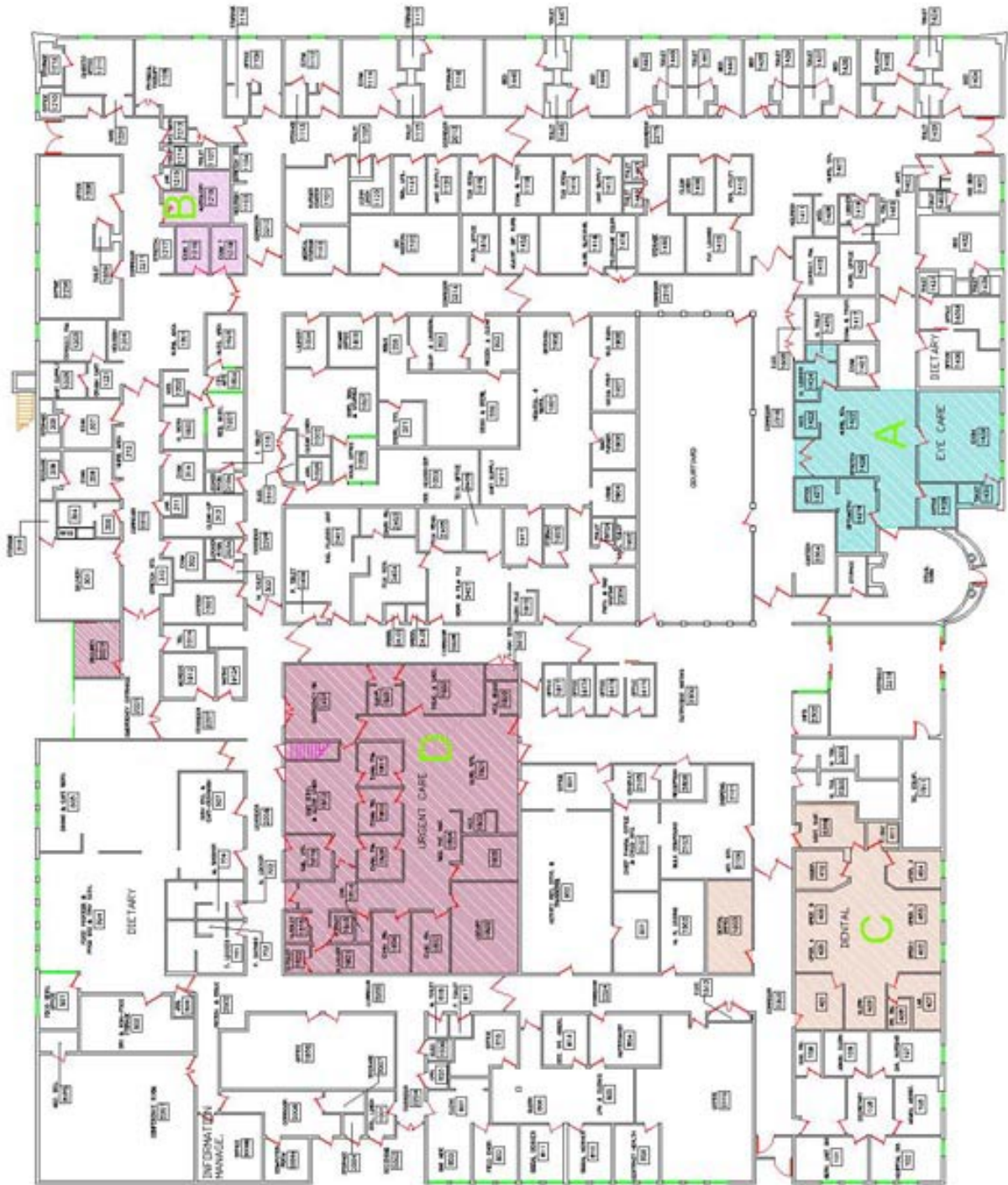
HOUSEKEEPING & LINEN
OFFICE = 76.55 SQ. M.



CLINICAL ENGINEERING
OFFICE = 49.24 SQ. M.



TOTAL SQUARE METERS = 1005.44 SQ. M.



1. EYE CARE
OFFICE
= 124.31 SQ M.
A

2. AUDIOLOGY
OFFICE
= 27.39 SQ M.
B

3. DENTAL
OFFICE
= 129.57 SQ M.
C

4. EMERGENCY RM/URGENT
CARE/SECURITY
OFFICE
= 318.30 SQ M.
D

AMBULATORY CARE



TOTAL SQUARE METERS = 599.57 SQ M.